Back Pain

1. Where are you having pain?
   a. Upper back
   b. Middle back
   c. Lower back
   d. Buttocks

Any

2. Does the pain extend into your legs?
   a. Yes, into my left leg
   b. Yes, into my right leg
   c. Yes, into both legs
   d. No

3. How bad is the pain?
   a. The pain is mild
   b. The pain is moderate
   c. The pain is severe
   d. The pain is as bad as I have ever had.

4. Did you have an injury that caused the pain?
   a. Yes, the pain started after an injury.
   b. No, I cannot remember an injury.

Yes

5. Please describe the circumstances of your injury.

No

6. Was your injury related to your job?
   a. Yes
   b. No

7. How long has the pain been present?
   a. Just today
   b. Today and yesterday
   c. More than two days and less than one week
   d. More than a week and less than 4 weeks
   e. More than 4 weeks

8. Have you had back pain in the past?
   a. Yes, I have had pain similar to this pain many times before
   b. I have had pain similar to this pain infrequently before
   c. I have had back pain before, but this is not similar.
   d. I have never had serious back pain before.

A-c

9. Please list any medications you have previously taken for back pain.

10. Do you have fever?
    a. Yes, I have a little fever (lower than 101 degrees)
    b. Yes, I have high fever (101 degrees or higher)
    c. No, I do not have fever
    d. I don't know

11. Do you have any of the following?
    a. Weakness
    b. Incontinence
    c. Difficulty in passing urine
    d. Areas that are numb or have a strange sensation
    e. None of the above

12. Do you have any of the following?
    a. Unexpected weight loss
    b. Loss of appetite
    c. Fatigue
    d. None of the above

13. What makes the pain worse?
    a. Any movement
    b. Bending over
    c. Sitting down
    d. Strenuous activity
    e. None of the above

14. What makes the pain better?
    a. Hot or cold compress
    b. Lying in bed
    c. Pain Medicine
    d. Nothing makes it better
    e. None of the above

15. Have you ever been diagnosed with cancer?
    a. Yes
    b. No
    c. I am not sure

16. Have you ever been diagnosed with arthritis?
    a. Yes
    b. No
    c. I am not sure

17. Have you ever been diagnosed with osteoporosis or any other bone weakness?
    a. Yes
    b. No
    c. I am not sure

18. Have you ever had surgery on your back or spine?
    a. Yes
    b. No
    c. I am not sure

19. What is your usual health status?
    a. I am active and can move normally.
    b. My activity is physically restricted.

20. Anything else to add?

Are you pregnant?
    a. I am pregnant.**
    b. I am confident that I am not pregnant.
    c, I think I might be pregnant.**

End

Yellow highlighted questions appear in multiple templates and are built with a generic naming convention