

11. Does your low back discomfort **INTERFERE** with:

nothing work sitting driving standing walking daily routine
getting up from chair sleep bending bowel movement urination

other: _____

12. What **AGGRAVATES** your low back discomfort?

nothing bending reaching pushing climbing reaching sitting driving water bed
coughing sneezing lifting straining on toilet squatting soft chair blowing nose

other: _____

YES NO 13. Are you experiencing a **LOSS OF STRENGTH** in legs, feet or ankles?

14. Have you recently made any major **LIFESTYLE CHANGES** such as?

changed beds chairs that you frequently sit in home furniture office furniture changed job
seperation divorce widowed sudden stress nothing new change in weight change in exercise

other: _____

15. Pick the words that most closely describes your **LOW BACK SYMPTOM(S)**.

not painful, but feels different uncomfortable achy dull pain deep pain pins and needles
constant pain stiff feeling catching very stiff feeling sudden sharp stabs
electrical shock numbness grabbing shooting pain burning pain

other: _____

16. Pick the word(s) that most closely describes how your **LOW BACK FEELS**.

back feels tight pain with movement back motion is stopped by pain back cramps or spasms
can't stand straight stairs are difficult back feels weak or unstable with movement
back joint make noises: pop, grind, click back catches or grabs with movement

other: _____

17. Have your present low back **SYMPTOMS VARIED** in:

no variations location of discomfort intensity frequency of discomfort alteration of discomfort

other: _____

18. Indicate when you noticed your present low back symptoms.

began overnight on getting out of bed on bending over driving twisting
woke up with pain with physical exertion fall lifting sudden movement
misstep with usual daily activities sudden onset, no reason cough/sneeze

Specific injury: _____

other: _____

19. What **RELIEVES** your low back pain?

nothing urination standing walking a bowel movement
ice sitting medication laying on your back with legs elevated
laying on your stomach standing in a stooped posture heat physical activity
massage curling up into ball exercise stretches

other: _____

20. **BEFORE** having your present condition were you experiencing?

No prior symptoms

occasional catches or jabs

back pain with exercise

painful to vaccum

ache to stand and wash at kitchen sink

pain to stand in line for short periods of time

low back has felt weak or lacked strength, but has never pained or locked until now

bending forward has always been difficult, never been able to touch toes with straight legs

other:

Comments and additional Information:
