

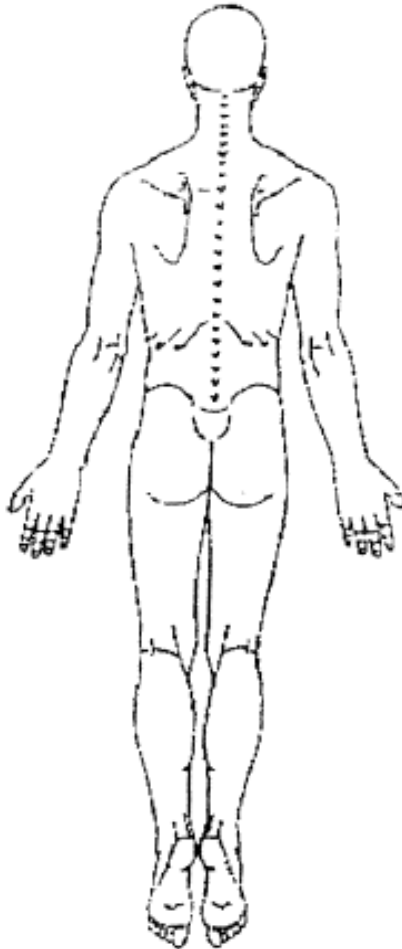
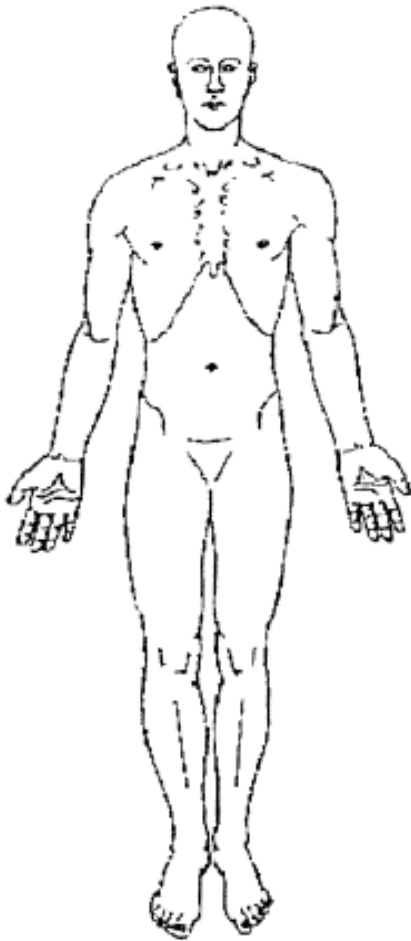
Franciscan Spine Center
Description of Your Back or Neck Pain

Patient's name: _____ D.O.B.: _____ Date: _____

Pain Score: Best _____/10 Worst _____/10 Current _____/10 Duration of symptoms: _____

On the diagram below, please use the letters to indicate your symptoms and where you are experiencing them:

A = ACHE B = BURNING N = NUMBNESS P = PINS & NEEDLES S = STABBING O = OTHER



If you have NECK AND /OR ARM PAIN, please indicate the following:

Percent of neck pain: _____ %

Percent of arm pain _____ %

Total = 100 %

If you have BACK AND OR LEG PAIN, please indicate the following:

Percent of back pain _____ %

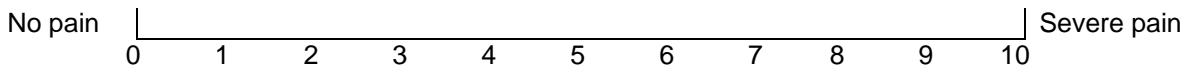
Percent of leg pain _____ %

Total = 100 %

What sorts of things make this pain feel **better** (for example, heat rest, medicine)? _____

What sorts of things make this pain feel **worse** (for example, walking, standing, lifting)? _____

Please rate the intensity of the pain in your **NECK OR BACK** by placing a mark on the line below:



Please rate the intensity of the pain in your **ARM(S) OR LEG(S)** by placing a mark on the line below:

