

FOLLOW UP BACK AND LEG PAIN ASSESSMENT

NAME: _____

Do you now have **more** pain in your:

DATE TODAY: _____

BACK _____ R, L (circle)
HIP(S) _____ R, L (circle)
LEG(S) _____ R, L (circle)
OTHER _____

Have you seen or been treated by another doctor for your back since your surgery with Dr. Jackson? _____

Have you had any additional spinal surgery since your last office visit with Dr. Jackson? _____

Date of surgeries and type (if any): _____

Were you able to return to work? _____. When? _____

If not working, are you Retired, Still Off, Unemployed and/or On Disability (circle which ones apply)

Pain medicines you are NOW taking for your back --- none (circle) or list:

Please answer the following 4 questions about your pain as best you can. We understand that this is difficult. Choose the responses that most closely describe you pain presently.

- 1. HOW OFTEN ARE YOU HAVING PAIN NOW? (✓ One):**
 - _____ No pain or rarely have pain now
 - _____ Occasional pain (about once or twice per year or so)
 - _____ Recurrent pain (a few or more days at least every month if not more)
 - _____ Frequent pain (a few or more days at least every month if not more)
 - _____ Very frequent pain (every week or more often; almost every day)
 - _____ Pain every single day (is it constant? Yes _____ No _____)
- 2. WHEN HAVING PAIN, IS IT GENERALLY (✓ One):**
 - _____ A mild discomfort or less
 - _____ A dull pain, worse at times
 - _____ A harder aching pain, frequently worse at times
 - _____ A severe pain, even sharp and shooting at times
 - _____ A very severe pain, frequently sharp, shooting and disabling
 - _____ An extremely severe and disabling pain
- 3. HOW IS THE PAIN NOW LIMITING YOUR JOB AND/OR HOUSEWORK? (✓ One):**
 - _____ Not limited in any way now
 - _____ Pain not bad enough to really limit me very much now
 - _____ Able to work with pain all the time by modifying my activities
 - _____ Must stop and limit activities, but able to work most of the time
 - _____ Frequently unable to work for several or more days at a time
 - _____ Unable to work at all—totally disabled by pain
- 4. HOW IS PAIN NOW LIMITING YOUR SOCIAL, RECREATIONAL AND OTHER ACTIVITIES? (✓ One):**
 - _____ Not limited in any way now
 - _____ Pain not bad enough to really limit me very much
 - _____ Able to do most things most of the time with pain
 - _____ Must modify activities to control pain and not do some things
 - _____ Must greatly limit activities to control pain and not do most things
 - _____ Unable to engage in any of these activities whatsoever due to pain