

Where and when do you feel your pain?

In order to obtain a clear impression of your symptoms, you should start by writing them all down. Complete this questionnaire precisely, taking your time. You are, however, required to complete it on your own..., without any help. Take a few moments to leaf through it It's hard work, but that will cover all details on your back-story, so doctor Zeegers will be well-informed. Maybe questions look alike to cover the same answers, but that has been done to get more detailed and reliable information.

Your data		
Name	Surname:	Forename:
Gender	Male:	Female:
Age / length / weight	In years:	Length cm Weight kg
Occupation		
Date of birth		
Today's date		
Address, residence, city, zipcode, country		
Telephone no(s). (Landline)		
Cellular Phone no(s)		
Email		
Skypename		
Fax no(s).		
Have you already seen a specialist for your back problems?	No Yes: how many specialists have you already seen? 1 - 2 - 3 - 4 or more?	
Previous operations	Date	Type of operation
Specialists seen?	Year	Specialist name, profession, hospital:
Do you smoke?	Yes/No I gave up in:	How many per day?

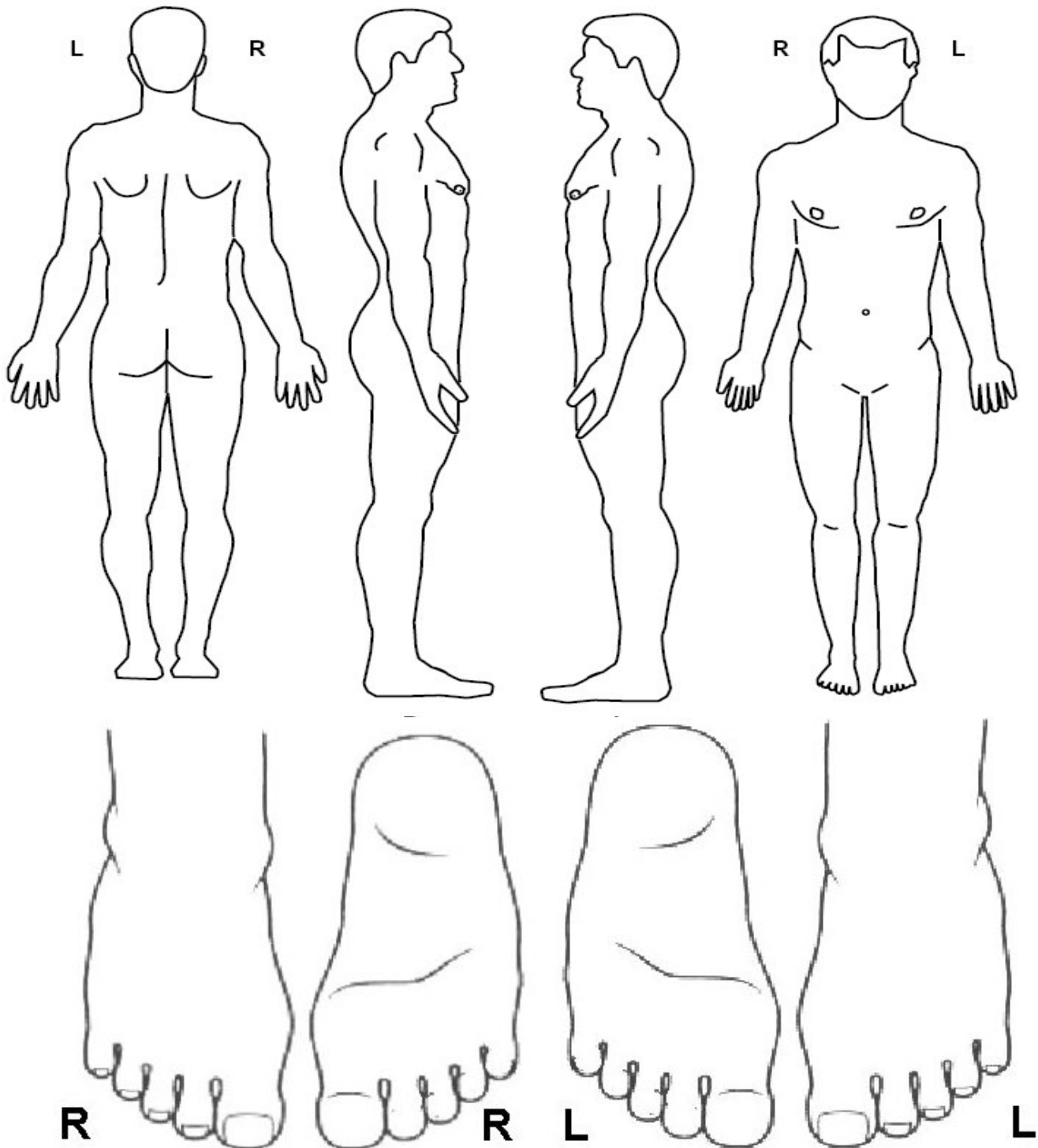
Physician data		
Name of family physician		
Physician adress	Street nr. Zipcode:	City: Country:
Physician phone		

Please concentrate hard, complete with care, **complete this sheet yourself - not your partner**

Choose signs out of list of sorts of painfull sensations, not only lower back but also neck + arms:

Tingling	=	...	Deep pain	=	+++
Burning	=	X X X	Stabbing	=	///

Please mark the areas with those signs where your symptoms have occurred most frequently recently:



Since when do you have significant pains?													
Was there a cause of your back problem (like accident, heavy lifting, etc.)?													
The pain is mainly in my back	yes no												
what side?	right left												
I have pain in my buttocks	yes no												
what side?	right left												
The pain is mainly in my leg	yes no												
what side?	right left												
Back- and legpain are about the same	yes no												
% Backpain in proportion to % legpain Total of your pain is 100%	<table style="border: none;"> <tr> <td>Backpain</td> <td style="text-align: right;">%</td> <td></td> </tr> <tr> <td>Buttockpain</td> <td style="text-align: right;">%</td> <td></td> </tr> <tr> <td>Legpain</td> <td style="text-align: right;">%</td> <td style="text-align: right;">+</td> </tr> <tr> <td>Total pain</td> <td style="text-align: right;">100 %</td> <td></td> </tr> </table>	Backpain	%		Buttockpain	%		Legpain	%	+	Total pain	100 %	
Backpain	%												
Buttockpain	%												
Legpain	%	+											
Total pain	100 %												
If we could treat your backpain only	<input type="radio"/> Yes that will be fine <input type="radio"/> No that is not enough, because ...												
If we could treat your legpain only	<input type="radio"/> Yes that will be fine <input type="radio"/> No that is not enough, because ...												
I have pain in my foot Which part of the foot	yes no <input type="radio"/> heel <input type="radio"/> sole <input type="radio"/> instep <input type="radio"/> outer <input type="radio"/> inner												
what side?	right left												
I have pain in my toes Which toes	yes no big toe little toe all toes												
What side?	right left												
When I cough or sneeze I feel more pain	no slight yes												
After laying down I have pain	no slight yes												

When I walk I feel pain no slight yes	no slight yes
When I sit I feel pain	no slight yes
When I am standing I feel pain	no slight yes
I feel pain when I turn bend lift	no slight yes
What causes more pain: sitting standing walking laying down	sitting standing walking laying down
Did the pain arise slowly, without any cause?	yes no
Has your leg weakened?	yes no
what side?	right left
Do you have loss of sensation in your leg?	yes no
what side?	right left
Did you have spine surgery before? If so, when and what kind of surgery? What spinal level lumbar? What side? What spinal level cervical? What side?	yes no Lumbar: L23 L34 L45 L5S1 Right Left Front Backside Cervical: C34 C45 C56 C67 Right Left Front Backside
year	
year	
year	
year	
year	
Which medical treatments, concerning your back- and legpains, have you received in the	

past and how succesful were they?	
Do you have known allergic reactions towards any medicaments?	yes no
What symptoms get worse on coughing, sneezing, passing stool, or water?	
Do you take any hormones or the pill?	yes no
have you ever had a thrombosis?	yes no
When and how?	
have you done sports before the pain started?	yes no
which sports?	
how often each month?	
Do you have neck-shoulder-arm problems?	yes no
Since when neck-shoulder-arm problems?	
How was the onset of neck-arm problems?	
Is there irradiating pain to your arms?	yes no ! please indicate in drawing at page 2 !
Is there numbness in neck or arms?	yes no ! please indicate in drawing at page 2 !
The pain goes into my shoulder / arm	Right Left
What aggravates neck-shoulder-arm-pain?	
What reduces neck-shoulder-arm-pain?	
Neck-shoulder-arm-pain at night?	Often Little No/hardly
Does the pain increase turning your head?	No Yes Right Left
Does the pain increase bending your head?	No Yes Backwards Forwards
Is there irradiating pain to your fingers?	No Yes ! please indicate in drawing at page 2 !
Pins and needles in your fingers?	No Yes ! please indicate in drawing at page 2 !
Is there numbness in your fingers?	No Yes ! please indicate in drawing at page 2 !
Is there weakness in your arms?	No Yes Right Left

What are you unable to do normal because of too much pain / problems?

as a result of your BACK-LEG symptoms?	as a result of your NECK-ARM symptoms?
<input type="radio"/> running	<input type="radio"/> running
<input type="radio"/> walking	<input type="radio"/> walking
<input type="radio"/> climbing stairs	<input type="radio"/> climbing stairs
<input type="radio"/> descending stairs	<input type="radio"/> descending stairs
<input type="radio"/> standing	<input type="radio"/> standing
<input type="radio"/> sitting	<input type="radio"/> sitting
<input type="radio"/> biking	<input type="radio"/> biking
<input type="radio"/> lying down	<input type="radio"/> lying down
<input type="radio"/> standing up	<input type="radio"/> standing up
<input type="radio"/> housework	<input type="radio"/> housework
<input type="radio"/> work, such as	<input type="radio"/> work, such as
<input type="radio"/> sport, such as	<input type="radio"/> sport, such as
<input type="radio"/> lifting, how much	<input type="radio"/> lifting, how much
<input type="radio"/> bending forward	<input type="radio"/> bending forward
<input type="radio"/> stretching backwards	<input type="radio"/> stretching backwards
<input type="radio"/> turning	<input type="radio"/> turning
<input type="radio"/> sleeping	<input type="radio"/> sleeping
<input type="radio"/> driving	<input type="radio"/> driving
<input type="radio"/> sex	<input type="radio"/> sex
<input type="radio"/> other, such as	<input type="radio"/> other, such as

Your pain is

gone	% of the time recently
slight	% of the time recently
mild	% of the time recently
restrictive	% of the time recently
severe	% of the time recently
very severe	% of the time recently
unbearable	% of the time recently

Your pain is

At this moment:	gone	slight	mild	restrictive	severe	very severe	unbearable
At its worst:	gone	slight	mild	restrictive	severe	very severe	unbearable
At its best:	gone	slight	mild	restrictive	severe	very severe	unbearable

I have had the symptoms for year(s) / months

The symptoms are changeable the same increasing decreasing

How did your symptoms start?

- 1 Suddenly, spontaneously
- 2 Suddenly after hurting myself lifting something
- 3 Suddenly after an accident or fall
- 4 Sudden exacerbation (worsening) of symptoms which had been present for some time
- 5 slowly, gradually

Have you any idea of the causes of the symptoms?

- 1 No, no idea
- 2 Yes:

Which "simple" treatments have you had?

- 0 Rest cure
- 1 Physiotherapy
- 2 Arch supports
- 3 Mensendieck therapy
- 4 Cesar therapy
- 5 Manipulative therapy
- 6 Chiropractic
- 7 Orthomanual therapy
- 8 Fabric corset
- 9 Lumbotrain
- 10 Lumbar corset of plastic *without* leg openings
- 11 Neofrakt or plaster corset *without* leg openings
- 12 Neofrakt or plaster corset *with* leg openings for a period of weeks, *with/without* reduction in symptoms
- 13 Pain control (facet blocks)
- 14 TENS equipment
- 15 Rehabilitation treatment under the supervision of a rehabilitation specialist
- 16 Drugs, such as

.....

In the past week, have you taken painkillers or other tablets for your backache?

- 1 No
- 2 Yes, what and how many per day?
- 3 Please describe very accurate ALL YOUR MEDICATIONS / DRUG INTAKE

Name Medication/Drug	Dosage / day	Why?

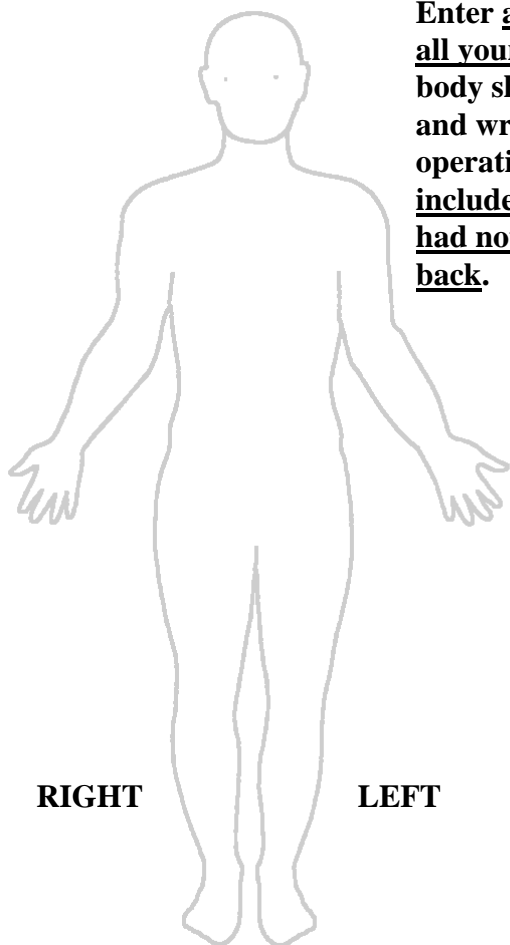
Have you previously had back surgery?

0 No
(continue to the next question)

Yes, the following:

- 1 Hernia operation = surgical removal of a hernia with exposure of the nerve root
- 2 Discography = visual examination of the back with needles through the skin
- 3 Percutaneous nucleotomy = combination of discography and “aspiration” of the hernia
- 4 Chemonucleolysis = aspiration or syringing away of the herniated disk with a needle through the skin
- 5 Foraminotomy = enlargement of the root canal
- 6 Via the back: arthrodesis (fusion) operation without screws
- 7 Via the back: arthrodesis (fusion) operation with screws
- 8 Via the back: combination of nerve root exposure and arthrodesis without screws
- 9 Via the back: combination of nerve root exposure and arthrodesis with screws
- 10 Via the back: temporary fixation with pins (Olerud or Magerl fixation)
- 11 Via the abdomen: arthrodesis (fusion) surgery
- 12 Via the abdomen: artificial disc prosthesis
- 13 Other:

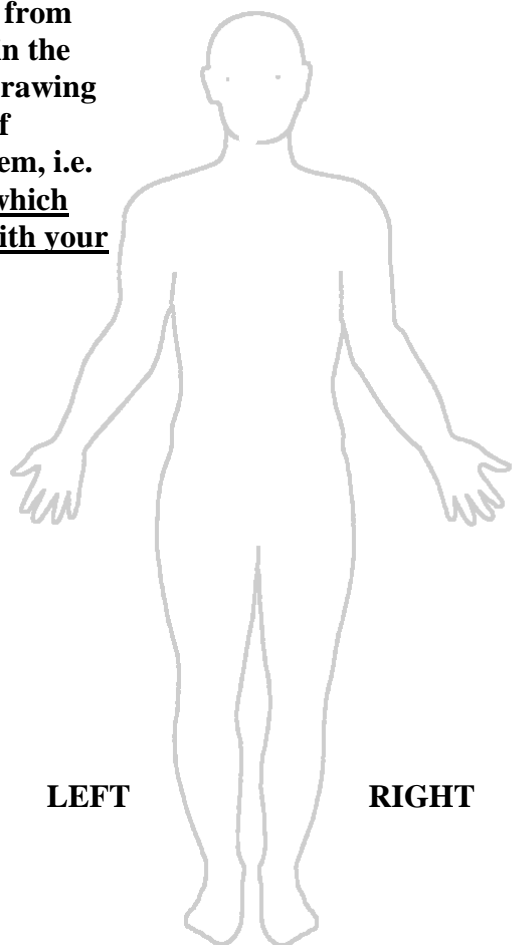
Enter all your scars from all your operations in the body shown in the drawing and write the type of operation next to them, i.e. include operations which had nothing to do with your back.



RIGHT

LEFT

Front of body



LEFT

RIGHT

Back of body

What type of activities do you undertake?

1. Principally sedentary activity, i.e. sitting for _____ hours at a time
2. Alternate sitting - standing: Sitting for ____ hours at a time. Standing for ____ hours at a time
3. Physically arduous activity, such as
4. Heavy physical activity, such as
5. Physically undemanding activity, because
6. Other activities:

What activities at work are made more difficult by your back problems?

.....
.....

What other activities in your everyday life are made more difficult by your back problems?

.....
.....

In what sort of employment are you?

1. I have undertaken no paid employment in the past ten years, I am not employed.
2. I stopped working on
3. I work full-time (as an employee)
4. I work full-time (independent, self-employed)
5. I work part-time (as an employee)
6. I work part-time (independent, self-employed)
7. I am unemployed and receive benefits under the local law regulations relating to incapacity for work as a result of back problems. This has been the case since
8. I am unemployed and receive benefits under the local law regulations relating to incapacity for work because of other health problems. This has been the case since
9. I am unemployed and do not receive benefits under the local law regulations relating to incapacity for work. This has been the case since
10. I work part-time as an employee and receive some benefits under the local law regulations relating to incapacity for work. This has been the case since
11. I work part-time independently and receive some benefits under the local law regulations relating to incapacity for work. This has been the case since

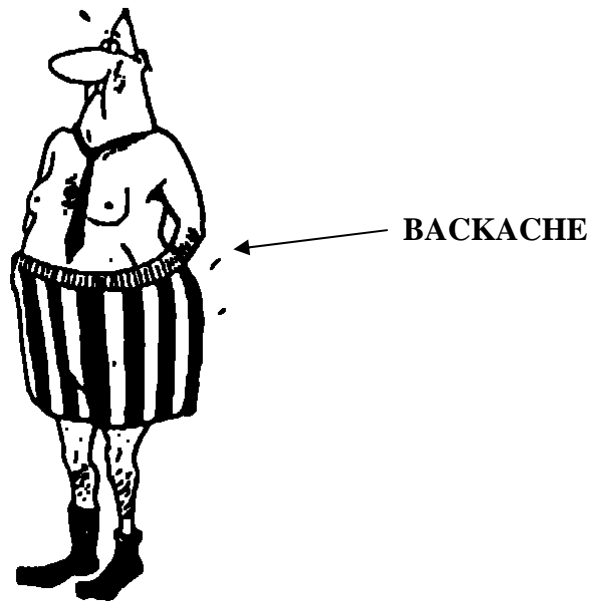
Period of benefits under the local law regulations relating to sick pay or to incapacity for work

1. I receive no benefits under the local law regulations relating to sick pay or to incapacity for work.
2. local law regulations relating to sick pay 0 - 3 months
3. local law regulations relating to sick pay 4 - 6 months
4. local law regulations relating to sick pay 7 - 12 months
5. local law regulations relating to incapacity for work 1 - 2 years
6. local law regulations relating to incapacity for work 3 - 5 years
7. local law regulations relating to incapacity for work over 5 years

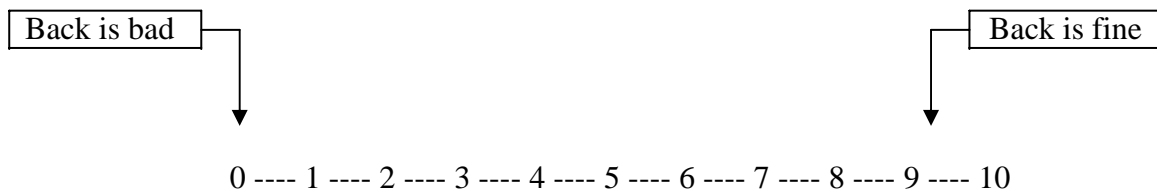
What do you expect from this (new) consultation with the doctor today?

.....
.....
.....

ATTENTION! First we would like you to tell us about your **BACK** pain, and on the next page we will deal with the **LEG** pain. So read both pages through carefully before answering.



**Make an assessment of your BACK (circle one of the numbers).
In other words, the worse your back, the lower the number!**

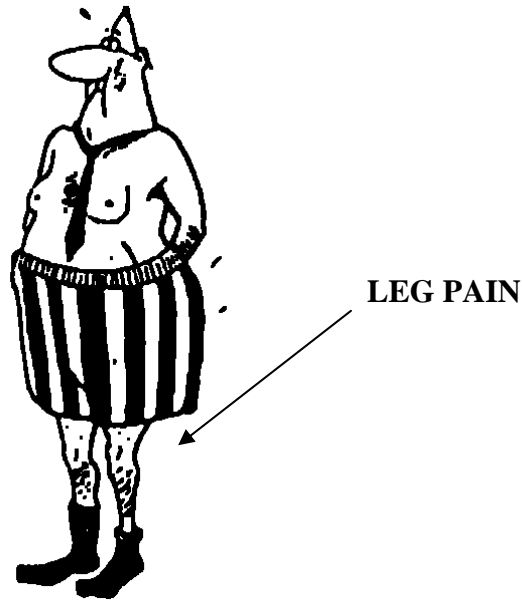


Back pain

1. I have no back problems
2. Always, i.e. I am never without back pain anymore
3. It varies, there are times when I have no back pain

Does the back pain decrease when you are at rest (e.g. when you are lying in bed)?

1. Yes
2. No
3. Sometimes



**Make an assessment of your LEGS (circle one of the numbers).
In other words, the worse your leg, the lower the number!**

RIGHT LEG

Right leg is bad		Right leg is fine
↓		↓
	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10	

LEFT LEG

Left leg is bad		Left leg is fine
↓		↓
	1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10	

Leg pain

1. I have no leg pain
2. Always, i.e. I am never without leg pain anymore
3. It varies, there are times when I have no leg pain

**I have had the leg pain since (day/month/year)/...../.....
or for months now.**

Does the leg pain decrease when you are at rest (e.g. when you are lying in bed)?

1. Yes
2. No
3. Sometimes

1. **How bad is the pain with or without painkillers?**
 - I can bear the pain without taking painkillers.
 - The pain is bad but I don't need to take painkillers.
 - The pain disappears completely with painkillers.
 - Painkillers are only moderately effective against the pain.
 - Painkillers help only a little.
 - Painkillers do not help at all, so I don't take them.

2. **Self-reliance**
 - I can wash and dress myself normally without the pain increasing.
 - I can wash and dress myself normally but the pain then increases.
 - If I wash and dress myself I have pain and so I do it slowly and carefully.
 - I need a little help but I can usually manage washing and dressing by myself.
 - I need help every day with most things relating to self-reliance.
 - I do not dress myself, wash myself only with difficulty and stay in bed.

3. **Lifting**
 - I can lift a heavy item without the pain increasing.
 - Although I can lift a heavy item, it makes the pain worse.
 - Although the pain prevents me from lifting heavy items from the ground, I can manage it if they are in a convenient position, such as on a table.
 - Although the pain prevents me from lifting heavy items at all, I can lift light to moderately heavy objects if they are in a convenient position, such as on a table.
 - I can lift only quite light items.
 - I cannot lift or carry anything at all.

4. **Walking**
 - I can walk long distances and the pain does not restrict me.
 - Because of the pain, I cannot walk for distances greater than 3 km.
 - Because of the pain, I cannot walk for distances greater than 1 km.
 - Because of the pain, I cannot walk for distances greater than 500 m.
 - I can walk only with a stick or crutches.
 - I spend most of the day in bed and have to more or less "crawl" to the toilet.

5. **Sitting**
 - I can sit on any chair for as long as I want.
 - I can sit only on my favourite chair, for as long as I want.
 - Because of the pain, I cannot sit for longer than 1 hour.
 - Because of the pain, I cannot sit for longer than half an hour.
 - Because of the pain, I cannot sit for longer than 10 minutes.
 - Because of the pain, I cannot sit down at all.

6. **Standing**
 - I can stand for as long as I want without the pain getting worse.
 - I can stand for as long as I want but it causes me pain.
 - Because of the pain, I cannot stand for longer than 1 hour.
 - Because of the pain, I cannot stand for longer than half an hour.
 - Because of the pain, I cannot stand for longer than 10 minutes.
 - Because of the pain, I cannot stand properly at all.

7. Sleeping

- I sleep well in spite of the pain.
- I can sleep well only if I take tablets.
- Even when I take tablets, I sleep less than 6 hours per night.
- Even when I take tablets, I sleep less than 4 hours per night.
- Even when I take tablets, I sleep less than 2 hours per night.
- I cannot sleep well at all because of my pain.

8. Sex life

- My sex life is unchanged and does not cause the pain to worsen.
- Although my sex life is unchanged, it leads to more severe pain.
- My sex life is almost normal but causes me severe pain.
- My sex life is considerably restricted because of the pain.
- My sex life is very severely restricted because of the pain.
- I no longer have any sex life because of my pain.

9. Social life

- My social life is normal and does not cause the pain to worsen.
- My social life is normal but causes me increased pain.
- Apart from activities which tend to involve exertion, such as dancing, etc., the pain has no specific effect on my social life.
- The pain has restricted my life and I no longer go out as much.
- My social life is restricted to my own home because of the pain.
- I have no social life anymore because of the pain.

10. Travel and transport

- I can travel everywhere without the pain getting worse.
- I can travel everywhere but the pain then becomes worse.
- Although the pain is there, I can still travel on journeys which take longer than 2 hours.
- Because of the pain, I cannot make any journeys which last for longer than 1 hour.
- Because of the pain, I can undertake only short, necessary journeys which last no longer than half an hour.
- Because of the pain, I leave the house only to travel to the doctor's or the hospital.