

## SPINAL ASSESSMENT

This assessment asks you about your health. Answer as best you can.

Patient Name: .....

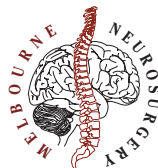
Occupation: ..... Age: ..... Sex: M / F Weight:.....Kg Height:.....cm

Previous Spinal Surgery

Yes / No

Please tell us what best describes the type of pain that you have and the level of that pain  
Leave blank if it does not apply to you

|                       | MILD                 | MODERATE             | SEVERE               |
|-----------------------|----------------------|----------------------|----------------------|
| 1. Throbbing          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Shooting           | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. Stabbing           | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. Sharp              | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. Cramping           | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. Gnawing            | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. Hot-Burning        | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. Aching             | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9. Heavy              | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10. Tender            | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11. Splitting         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 12. Tiring-Exhausting | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 13. Sickening         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 14. Fearful           | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 15. Cruel-Punishing   | <input type="text"/> | <input type="text"/> | <input type="text"/> |



Here we wish to find out about any back or neck pain, on the next page we will ask about any arm or leg ache.  
Please read both pages before proceeding.

Please mark on the body  
where you feel these  
sensations

Use the symbols below

Numbness



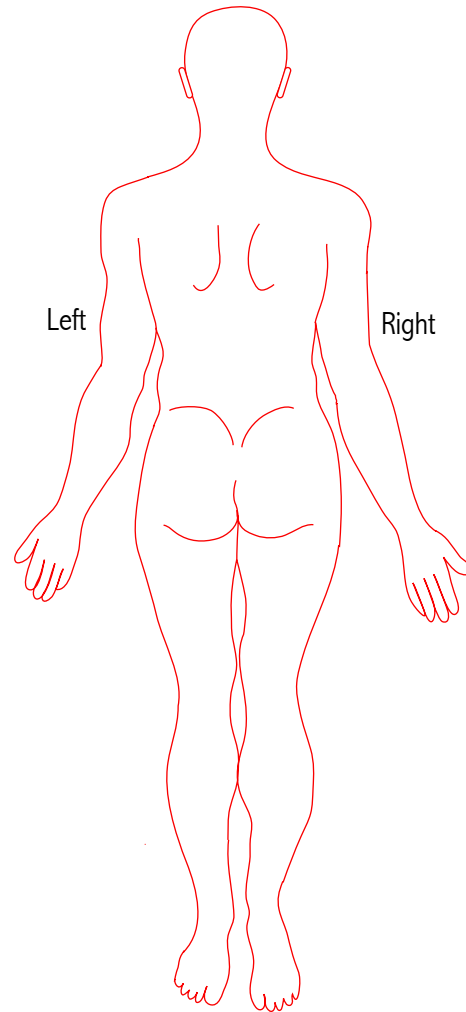
Pins & Needles



Ache



Pain



**Cervical Pain(Neck)**

- I have no neck pain
- I am never without neck pain
- Sometimes, there are also times without neck pain

Is your pain better when relaxed (e.g.lying in bed) Yes / Sometimes / No

**Thoracic Pain(Between neck and low back)**

- I have no thoracic pain
- I am never without thoracic pain
- Sometimes, there are also times without thoracic pain

Is your pain better when relaxed (e.g.lying in bed) Yes / Sometimes / No

**Lumbar Pain(Low Back)**

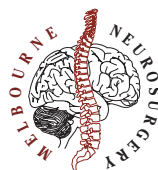
- I have no low back pain
- I am never without low back pain
- Sometimes, there are also times without low back pain

Is your pain better when relaxed (e.g.lying in bed) Yes / Sometimes / No

**Pain Scale**

Please mark an **X** on the line below to describe your pain in the last two weeks

No Pain ----- Worst Pain



**This page is to find out about any sensations that you have in your limbs**

**Arm discomfort**

- I have no arm discomfort
- I always have arm discomfort
- Sometimes there are also times without arm discomfort
- I have had discomfort from ...../...../.....

Is your arm discomfort better when you are relaxed(e.g. in bed)                      yes / sometimes / no

**Pain Scale**

Please mark an **X** on the line below to describe your arm pain in the last two weeks

**Right Arm**                      **No Pain** ----- **Worst Pain**

**Left Arm**                      **No Pain** ----- **Worst Pain**

**Leg discomfort**

- I have no leg discomfort
- I always have leg discomfort
- Sometimes there are also times without leg discomfort
- I have had discomfort from ...../...../.....

Is your leg discomfort better when you are relaxed(e.g. in bed)                      yes / sometimes / no

**Pain Scale**

Please mark an **X** on the line below to describe your leg pain in the last two weeks

**Right Leg**                      **No Pain** ----- **Worst Pain**

**Left Leg**                      **No Pain** ----- **Worst Pain**

**Please mark on your limbs  
where you feel these  
sensations**

**Use the symbols  
below**

Numbness



Pins & Needles



Ache



Pain



**Right arm and leg**

**Left arm and leg**

