



Fitness By Dot

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Back Pain Questionnaire

In order to better help you with your back, please answer the following questions:

Name _____ How long have you had back pain if at all? _____

Known Diagnosis related to your back, if any _____
(e.g. bulging disk, degeneration, fusion, arthritis, herniated disk, etc.)

Other known diagnosis _____
(e.g. neck out of alignment, frozen shoulder, scoliosis, etc.)

Indicate what part of your back is problematic, if known. Include which vertebrae, if known _____

(e.g. cervical, thoracic, lumbar, sacral, C-6, L-5/S-1, L-4/L-5, etc.)

Where do you have pain today if at all? Please indicate from 1 (lowest) to 5 (highest) the degree.

___ low back ___ hip ___ feet
___ upper back ___ knee ___ other (please specify) _____
___ neck ___ mid back
___ shoulder ___ down my leg ___ other (please specify) _____

Have you had surgery related to your back? Yes No If so, when and what? _____

What if anything has been helpful for your back pain?

___ stretching ___ yoga ___ exercise
___ pain medication, over the counter, please specify _____
___ anti-inflammatories, please specify _____
___ muscle relaxants, please specify _____
___ pain medication, prescription, please specify _____
___ getting into certain positions, please specify _____
___ avoiding certain positions, please specify _____
___ walking ___ abdominal strengthening
___ other strengthening, please specify _____
___ other, please specify _____

What moves if any make the pain worse? _____

Any other info? Please use the other side if needed. _____

Thank you for your responses.

Your name _____ Date _____

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