

Name:

Date:



North Alabama Bone & Joint Clinic, P.C.

PAIN EVALUATION

Are you experiencing any of the following related to your back?

- Numbness If so, where? _____
- Tingling If so, where? _____
- Weakness If so, where? _____

Rate your pain on the 0-10 rating scale:

0	1	2	3	4	5	6	7	8	9	10
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No pain 0

Weak 1-3

Strong 4-6

Very Strong 7-9

Maximal 10

How often do you have you pain? (Please check one)

- Constantly (80-100% of the time)
- Intermittently (25-50% of the time)
- Nearly Constantly (50-80 % of the time)
- Occasionally (less than 25% of the time)

Is your pain worse in (Please check all that apply):

- Morning
- Afternoon
- Evening
- Night
- No typical pattern

Have you seen other doctors for this? If so, Who? ER?

Have you had therapies/PT?

Working?

Full Duties?
