

1. What was your chief complaint when you visited your doctor? \_\_\_\_\_  
\_\_\_\_\_
2. Has the pain been longer than 6 weeks?     Yes     No
3. What do you think caused the problem? \_\_\_\_\_  
\_\_\_\_\_
4. What does your doctor think is causing your pain? \_\_\_\_\_  
\_\_\_\_\_
5. Describe your pain (e.g., burning, sharp etc.) \_\_\_\_\_  
\_\_\_\_\_
6. Does the pain go down your arm? \_\_\_\_\_ Your leg? \_\_\_\_\_ In the back or front? \_\_\_\_\_  
Left, right or both? \_\_\_\_\_
7. a. Does anything make the pain worse (e.g. standing, sitting, lying down etc.)? \_\_\_\_\_  
\_\_\_\_\_
- b. Does anything make it better? \_\_\_\_\_  
\_\_\_\_\_
8. Do you have any numbness? \_\_\_\_\_ Where? \_\_\_\_\_
9. Do you have any weakness? \_\_\_\_\_ Where? \_\_\_\_\_
10. Have you had any bowel or bladder changes? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_
11. Have you had surgery to the area being scanned today?  
\_\_\_\_\_  
\_\_\_\_\_

12. Do you have any more medical conditions? \_\_\_\_\_  
\_\_\_\_\_
13. Do you exercise regularly? \_\_\_\_\_ Type? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Describe your general health: \_\_\_\_\_  
\_\_\_\_\_

