

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct visit patient label

**Spine, Mid low Back Pain
New Patient Questionnaire**

Name: _____ Date: _____

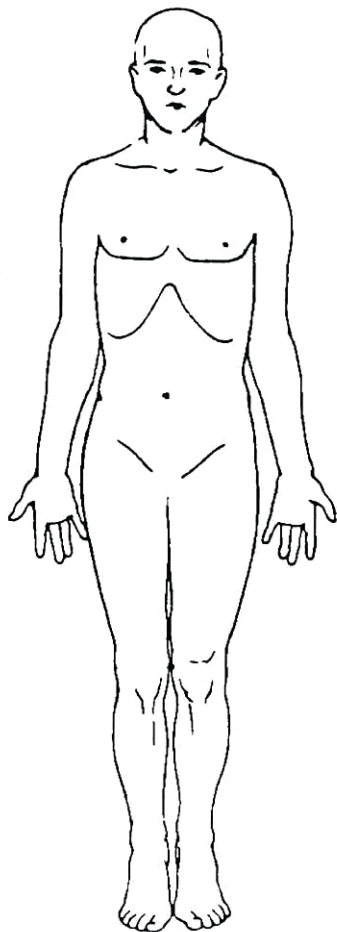
Your cooperation in answering all these questions is greatly appreciated.
This will help in your evaluation.

PAIN DRAWING

This pain drawing will help us understand the pain you have been experiencing.
Please diagram your pain using the following symbols:

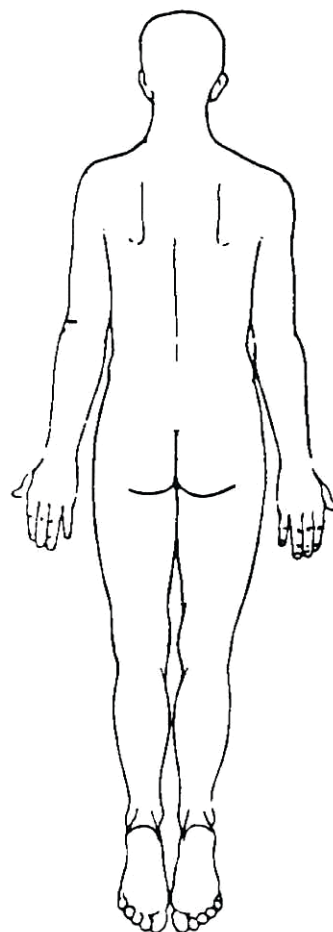
Numbness: _____ **Pins and Needles:** oooooooooooooooooo **Stabbing:** //

Burning: xxxxxxxxxxxxxxxxxx **Other:** ***** (please describe)



Right

Left



Left

Right

Rate your present pain on a scale of 0-10 (0 = no pain, 10 = pain so severe you could not live with it more than a few minutes)

Back: _____ Right leg: _____ Left leg: _____ Right hip: _____ Left hip: _____

Te Whatu Ora

Health New Zealand

Te Toka Tumai Auckland

Spine, Mid low Back Pain New Patient Questionnaire

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct visit patient label

Main Problem: _____

Gender: M F Height: _____ Weight: _____

How long have you had your present attack of back and/or leg pain?: _____

When were you first aware there was something wrong with your back?: _____

How many attacks of back and/or leg pain have you had per year since then?: _____

What makes your pain worse?: _____

What makes your pain better?: _____

Are you experiencing any of the following difficulties? (*Tick all that apply*)

- | | | |
|--|--|--|
| <input type="checkbox"/> Feel like you must urinate, but cannot | <input type="checkbox"/> Dribbling | <input type="checkbox"/> Loss of bladder control |
| <input type="checkbox"/> Urgent desire to urinate and cannot hold it | <input type="checkbox"/> Unable to urinate | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Loss of bowel control | <input type="checkbox"/> Difficulty with sex | |

Who have you seen for your pain, and when?:

Name(s): _____

Type of Doctor/Therapist: _____

What treatments have you had for your pain?: _____

Which treatments helped your pain the most?: _____

How many times have you been hospitalised for your back?: _____

Approximate date(s): _____

Please list the dates and types of all back surgeries you have had: _____

Other tests for your back? (please indicate number and date of each test)

CT Scan: _____ Myelogram: _____

MRI: _____ Bone Scan: _____

Others (e.g. EMG, SSEP, Epidural Venogram): _____

SPINE
MID
LOW
BACK
PAIN
NEW
PATIENT
QUESTIONNAIRE

CR8882

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct visit patient label

**Spine, Mid low Back Pain
New Patient Questionnaire**

Back Pain Disability Index (Oswestry 2.0)

Please answer Tick in each section. Tick the box that most closely describes you

Section 1: Pain Intensity

- I have no pain at the moment.
- The pain is mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

Office Use Only

Oswestry: /50

= %

Section 2: Personal Care (Washing, Dressing etc)

- I can look after myself without causing extra pain.
- I can look after myself normally but it causes extra pain.
- It is painful to look after myself and I am slow and careful.
- I need some help, but manage most of my personal care.
- I need help every day in most aspects of self-care.
- I do not get dressed, I wash with difficulty and stay in bed.

Section 3: Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it gives me extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can if they are conveniently positioned, for example on a table.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights.
- I cannot lift or carry anything at all.

Section 4: Walking

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than 2 kilometres.
- Pain prevents me from walking more than 1 kilometre.
- Pain prevents me from walking more than 500 metres.
- I can only walk using a stick or crutches.
- I am in bed most of the time and have to crawl to the toilet.

Section 5: Sitting

- I can sit in any chair for as long as I like.
- I can sit in my favourite chair for as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than ½ an hour.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.



MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct visit patient label

Back Pain Disability Index

(Continued)

Section 6: Standing

- I can stand as long as I want without extra pain.
- I can stand as long as I want but it gives me extra pain.
- Pain prevents me from standing more than 1 hour.
- Pain prevents me from standing more than ½ an hour.
- Pain prevents me from standing more than 10 minutes.
- Pain prevents me from standing at all.

Section 7: Sleeping

- My sleep is never disturbed by pain.
- My sleep is occasionally disturbed by pain.
- Because of pain I have less than 6 hours of sleep.
- Because of pain I have less than 4 hours of sleep.
- Because of pain I have less than 2 hours of sleep.
- Pain prevents me from sleeping at all.

Section 8: Sex Life (if applicable)

- My sex life is normal and causes no extra pain.
- My sex life is normal and causes some extra pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly absent because of pain.
- Pain prevents any sex life at all.

Section 9: Social Life

- My social life is normal and causes no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. sport etc.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted my social life to home.
- I have no social life because of pain.

Section 10: Travelling

- I can travel anywhere without pain.
- I can travel anywhere, but it gives extra pain.
- Pain is bad, but I manage journeys over 2 hours.
- Pain restricts me to journeys less than one hour.
- Pain restricts me to short necessary journeys under 30 minutes.
- Pain prevents me from travelling except to receive treatment.