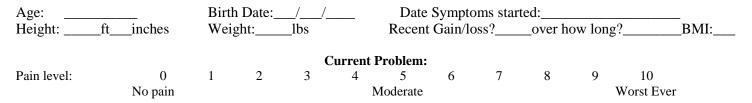
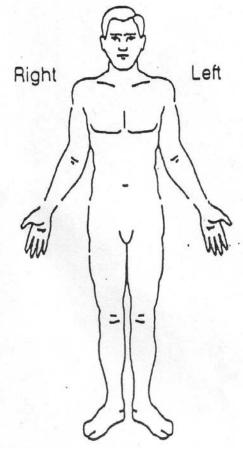
JENKINSNeuroSpine

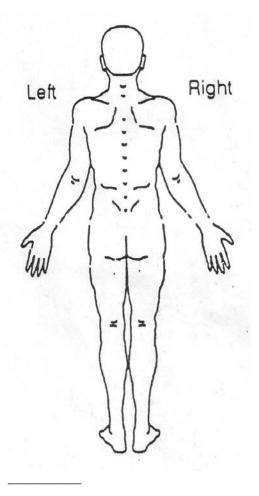
Date:



*PLEASE CIRCLE THE AREAS ON THE FIGURES BELOW (FRONT/BACK) THAT ARE PAINFUL AND LABEL EACH AREA OF PAIN (IF THERE IS MORE THAN ONE, E.G. HIP, BUTTOCK, LOW BACK, UPPER BACK, GROIN, ETC.) WITH A NUMERICAL VALUE ACCORDING TO THE PAIN SCALE ABOVE. BE AS SPECIFIC AS POSSIBLE.

(We will ask you to fill out this same form at each visit to track your progress over time).





What is pain level at its worst: What is pain level at its best: (with medication): What is the pain right now: What is the average pain score that you have during the day:

Circle the terms that make your pain feel better and cross out terms that make your pain feel worse for the relevant body area(s).

Bending forward	Bending backward	Twisting to: Right/Left	Bending to: Right/Left
Walking	Standing Sitting	Lifting	Reaching arms: out/over head
Lying down (on back/	on belly/ on side)	Resting	Exercise
LOW BACK: Bending forward Walking Lying down (on back/	Bending backward Standing Sitting on belly/ on side)	Twisting to: Right/Left Lifting Resting	Bending to: Right/Left Exercise