## New York Center for Spinal Disorders

## Nathaniel L. Tindel, M.D.

Name:	Date of Visit:
Male O Female O	Date of Birth:
Height: Weight:	Age Today:
Please note this is a multi-part questionnaire. When you are done, please take a moment to go over the questionnaire to be sure you have not missed any pages or questions. Thank you for your help.	
Pain Drawing: Mark these drawings using the symbol that best describes your pain quality	3. If you have <u>BACK</u> pain
Numbness = = = Ache ^^^ Stabbing ///// Burning X X X X Cramping ++++ Pins & Needles 0000	% back pain +% leg pain = 100%
Burning XXXX Cramping ++++ Pins & Needles 0000	On a scale of 0 to 10, mark your level of current pain discomfort, with 0 being none and 10 being the worst pain you can imagine.
	Back C. J. S. C. G. 7. 8. C. 10. West
$\mathcal{L}$	0 1 2 3 4 5 6 7 8 9 10 Worst None O O O O O O O O O Pain
	Circle one: occasional   intermittent   frequent   constant
	Leg
	0 1 2 3 4 5 6 7 8 9 10 Worst None O O O O O O O O O Pain
()) ((*) ()) · (()	Circle one: occasional   intermittent   frequent   constant
	4. If you have <u>NECK</u> pain
· \ \ \ \ · · · · · \ k k s / ·	% neck pain +% arm pain = 100%
\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	On a scale of 0 to 10, mark your level of current pain discomfort, with 0 being none and 10 being the worst pain you can imagine
\	Neck
\V/	0 1 2 3 4 5 6 7 8 9 10 Worst None O O O O O O O O O Pain
\ <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	Circle one: occasional   intermittent   frequent   constant
	Arm
Which area is most painful?     O Low back O Neck and/or O Both are equal and/or legs arms	0 1 2 3 4 5 6 7 8 9 10 Worst None O O O O O O O O O Pain

O Pelvis / Buttock Pain

O Hip / Groin Pain