

Dr. Triantafyllou New Patient  
Questionnaire



NAME \_\_\_\_\_

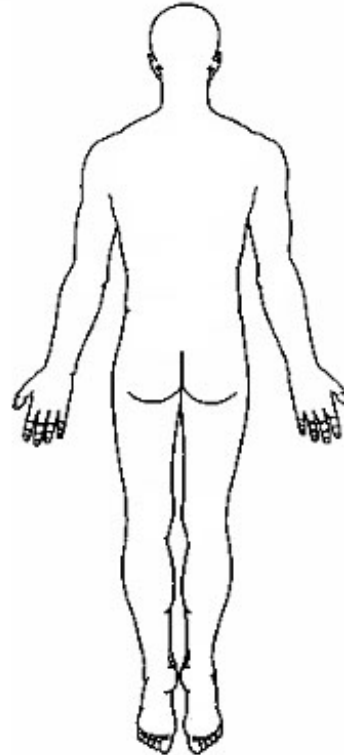
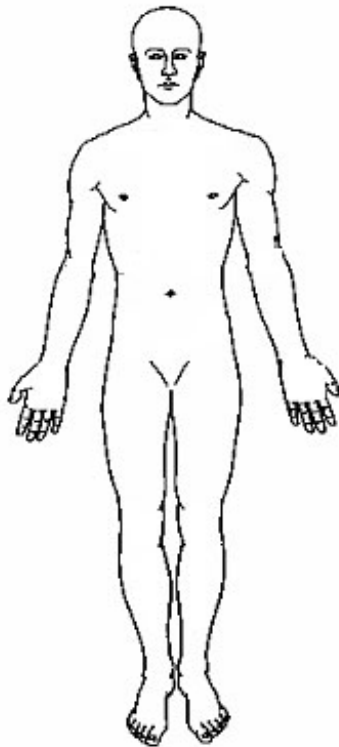
AGE \_\_\_\_\_ DOB \_\_\_\_\_

OCCUPATION \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

Mark the areas on your body where you feel the described sensations. Use the appropriate symbol. Include all affected areas.

.....	=====	/////
_____ Dull Ache	===== Pins & Needles/	///// Sharp/Stabbing
.....	===== Tingling	/////



Name \_\_\_\_\_ Date \_\_\_\_\_

Please Read: This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage in everyday life. Please answer every section, and mark in each section only the box which applies to you. We realize you may consider that two of the statements in any one section relate to you, however, please just mark the box which most closely describes your problem.

Section 1 PAIN INTENSITY

- \_\_\_\_\_ I can tolerate the pain I have without having to use painkillers.
- \_\_\_\_\_ the pain is bad, but I manage without taking painkillers.
- \_\_\_\_\_ Painkillers give complete relief of the pain.
- \_\_\_\_\_ Painkillers give moderate relief.
- \_\_\_\_\_ Painkillers give very little relief of the pain.
- \_\_\_\_\_ Painkillers have no effect on the pain, and I do not use them.

Section 2 PERSONAL CARE (Washing, Dressing, etc.)

- \_\_\_\_\_ I can look after myself normally without causing extra pain.
- \_\_\_\_\_ I can look after myself normally, but it causes 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 some help everyday in most aspects of self-care.
- \_\_\_\_\_ I do not get dressed, wash with difficulty, and stay in bed.

Section 3 LIFTING

- \_\_\_\_\_ I can lift heavy weights without extra pain.
- \_\_\_\_\_ I can lift heavy weight, but it gives extra pain.
- \_\_\_\_\_ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table.
- \_\_\_\_\_ Pain prevents me from lifting heavy weights, but I can manage light to medium weight if they are conveniently positioned.
- \_\_\_\_\_ I can lift only 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 one mile.
- \_\_\_\_\_ Pain prevents me from walking more than ½ mile.
- \_\_\_\_\_ Pain prevents me from walking ¼ mile.
- \_\_\_\_\_ 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 my chair as long as I like.
- \_\_\_\_\_ I can sit in my favorite chair as long as I like.
- \_\_\_\_\_ Pain prevents me from sitting for more than one hour.
- \_\_\_\_\_ Pain prevents me from sitting for more than ½ hour.
- \_\_\_\_\_ Pain prevents me from sitting more than 10 minutes.
- \_\_\_\_\_ Pain prevents me from sitting at all.

## 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 for more than one hour.
- \_\_\_\_\_ Pain prevents me from standing for more than ½ hour.
- \_\_\_\_\_ Pain prevents me from standing more than 10 minutes.
- \_\_\_\_\_ Pain prevents me from standing at all.

## Section 7 SLEEPING

- \_\_\_\_\_ Pain does not prevent me from sleeping well.
- \_\_\_\_\_ I can sleep well only by using tablets.
- \_\_\_\_\_ Even when I take tablets, I get less than six hours of sleep.
- \_\_\_\_\_ Even when I take tablets, I get less than four hours of sleep.
- \_\_\_\_\_ Even when I take tablets, I get less than two hours of sleep.
- \_\_\_\_\_ Pain prevents me from sleeping at all.

## Section 8 SEX LIFE

- \_\_\_\_\_ My sex life is normal, and causes no extra pain.
- \_\_\_\_\_ My sex life is normal, but 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 gives me 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. dancing, etc.
- \_\_\_\_\_ Pain has restricted my social life, and I do not get out as often.
- \_\_\_\_\_ Pain has restricted my social life to my home.
- \_\_\_\_\_ I have no social life because of the pain.

## Section 10 TRAVELING

- \_\_\_\_\_ I can travel anywhere without extra pain.
- \_\_\_\_\_ I can travel anywhere, but it gives me extra pain.
- \_\_\_\_\_ Pain is bad, but I manage journeys over two hours.
- \_\_\_\_\_ Pain restricts me to journeys of less than one hour.
- \_\_\_\_\_ Pain restricts me to short necessary journeys less than 30 minutes.
- \_\_\_\_\_ I do not get dressed, wash with difficulty, and stay in bed.

Are you Right or Left-handed? \_\_\_\_\_

**I. PAIN** (Check if applicable. You can choose more than one.)

1. Neck \_\_\_\_\_ Mid-Back \_\_\_\_\_ Low Back \_\_\_\_\_

2. Arm Pain \_\_\_\_\_ Leg Pain \_\_\_\_\_  
Right, Left or Both Right, Left or Both

3. Is arm pain: same \_\_\_\_\_ worse \_\_\_\_\_ less than back \_\_\_\_\_

4. Is leg pain: same \_\_\_\_\_ worse \_\_\_\_\_ less than back \_\_\_\_\_

5. When did present pain start? \_\_\_\_\_

6. How did pain start? Sudden or Gradual?

Were you: lifting? \_\_\_\_\_ twisting, bending, pulling? \_\_\_\_\_ pushing \_\_\_\_\_  
fall? \_\_\_\_\_ auto accident? \_\_\_\_\_ sports? \_\_\_\_\_ work injury? \_\_\_\_\_  
no specific injury? \_\_\_\_\_

7. What makes pain worse? Yes No

- |                     |       |       |
|---------------------|-------|-------|
| a. Weather changes  | _____ | _____ |
| b. Coughing         | _____ | _____ |
| c. Sneezing         | _____ | _____ |
| d. Bending          | _____ | _____ |
| e. Twisting         | _____ | _____ |
| f. Sitting          | _____ | _____ |
| g. Walking          | _____ | _____ |
| h. Car Riding       | _____ | _____ |
| i. Worse in Morning | _____ | _____ |
| j. Worse in Evening | _____ | _____ |

8. What makes pain better? Yes No

- |                      |       |       |
|----------------------|-------|-------|
| a. Rest              | _____ | _____ |
| b. Lying Down        | _____ | _____ |
| c. Walking           | _____ | _____ |
| d. Sitting           | _____ | _____ |
| e. Standing          | _____ | _____ |
| f. Pain Pills        | _____ | _____ |
| g. Muscle Relaxants  | _____ | _____ |
| h. Anti-Inflammatory | _____ | _____ |
| i. Physical Therapy  | _____ | _____ |
| j. Nothing           | _____ | _____ |

9. Pain at Night \_\_\_\_\_



**IV. Have you seen any other physician?**      Yes      No

Family Doctor      \_\_\_\_\_      \_\_\_\_\_

Internist      \_\_\_\_\_      \_\_\_\_\_

Rheumatologist      \_\_\_\_\_      \_\_\_\_\_

Neurologist      \_\_\_\_\_      \_\_\_\_\_

Neurosurgeon      \_\_\_\_\_      \_\_\_\_\_

Other \_\_\_\_\_

**V. Prior Back Surgery**

1. Number of operation(s) \_\_\_\_\_

2. Types of operations \_\_\_\_\_  
\_\_\_\_\_

3. Locations of operations \_\_\_\_\_  
\_\_\_\_\_

4. For each operation:

Date \_\_\_\_\_

Location \_\_\_\_\_

Reason for surgery:	<u>Yes</u>	<u>No</u>			
Back Pain	_____	_____			
Leg Pain	_____	_____	R_____	L_____	Both_____
Both	_____	_____	R_____	L_____	Both_____

**Results**

\_\_\_\_\_ Did not help at all

\_\_\_\_\_ Made worse

\_\_\_\_\_ Helped

          A lot \_\_\_\_\_

          A little \_\_\_\_\_

          Back pain only \_\_\_\_\_

          Leg pain only \_\_\_\_\_

          Both \_\_\_\_\_

**How long did it help?**

\_\_\_\_\_ Days

\_\_\_\_\_ Weeks

\_\_\_\_\_ Months

\_\_\_\_\_ Years

## PHYSICAL EXAMINATION

### I. General Appearance

Posture  
Gait  
Heel Toe  
Toe Walk  
Incision

### Non-Organic Signs

1. Tenderness \_\_\_\_\_  
supf/non-anat.
  2. Simulation \_\_\_\_\_  
axial/rotat/load
  3. Distraction \_\_\_\_\_  
(SLR)
  4. Regional \_\_\_\_\_
  5. Overreaction \_\_\_\_\_
- Total \_\_\_\_\_ 15

### II. SPINE (C, T, LS)

- \* Tenderness: C   midline/paraspinal/occiput/scapula/shoulder  
                   T   midline/paraspinal  
                   LS  midline/paraspinal/psis/notches
- \* Lordosis:           ni/reversed
- \* ROH:           LS                   C-Spine  
                   Flex (70)           Flex (75)  
                   Ext (45)            Ext (70)  
                   Bend (30) R L   Bend (45) R L  
                   Rot. (20) R L   Rot. (80) R L
- \* Spasm           +   -  
 \* Deformity       +   -  
 \* Trendelenburg +   -  
 \* Pelvis           +   -  
 \* SI jts           +   -

### III. Extremities

<u>Upper</u>	<u>Lower</u>
Major Jts.	Major Jts.
Circumferences	Circumferences
Pulses	Leg Lengths
	Pulses

### IV. Neuro

- \* Sensory: Light touch   Pin prick   Posterior   Vibratory
- \* Reflexes: UE: B       BR   T   Phalon's   Tinel's  
                   LE: KJ       AJ   Babinski  
                   SLR:           Active   R   L  
                                   Passive   R   L  
                                   Supine   R   L  
                                   Sitting   R   L  
                                   Control   R   L  
                                   Femoral Stotch   R   L

V. Motor

UE (R/L) Deltoid Biceps W. Ext. Triceps W. Flex Intrinsic Grip

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LE (R/L) H.Flex H.add H.abd H ext K ext K flex df chl ove PP

**DIAGNOSTIC STUDIES**

1. Xrays AP Lat odontoid oblique flex/ext
2. Xrays (T) AP Lat
3. Xrays (LS) AP Lat oblique flex/ext
4. CT
5. Myelogram
6. MRI
7. Bone scan
8. Discos
9. Blocks
10. EMG/NCV

**IMPRESSIONS**

TX:

DX: