



Watkins Spine

Lumbar History

Age _____ Height _____ Weight _____ Smoker Y/N _____

1. Have you had spine surgery for this condition before Y/N _____

- Did you have a pain-free interval after the surgery Y/N _____
- For long did the pain-free interval after the surgery last: _____ (months)

2. How long have you had pain _____ (months)

3. How bad is you pain (1-10):

- At it's Worst _____
- Constantly throughout the Day _____

4. What is your back pain versus leg pain ratio (i.e. 80/20 = 80% back vs. 20% leg)

(NECK / ARM)

_____ 100/0	_____ 90/10	_____ 80/20
_____ 70/30	_____ 60/40	_____ 50/50
_____ 40/60	_____ 30/70	_____ 20/80
_____ 10/90		

5. Which leg is the pain (right versus left)

(RIGHT / LEFT)

_____ 100/0	_____ 90/10	_____ 80/20
_____ 70/30	_____ 60/40	_____ 50/50
_____ 40/60	_____ 30/70	_____ 20/80
_____ 10/90		

6. Where in the leg do you feel the pain _____

7. Do you have pain

- (Y/N) _____ Sitting _____ Standing _____ Walking
- How long can you tolerate the following:
 - (Minutes) _____ Sitting _____ Standing _____ Walking

8. Does the pain wake you up from sleep Y/N _____

9. Do you wake up in pain and then it loosens up after 30 minutes Y/N _____

10. Do you have Numbness in your leg: Y/N _____

1. Which leg and where is the numbness _____

11. Do you have Weakness in your leg: Y/N _____

- Which leg and where is the weakness _____

12. Do you have Bowel or Bladder problems Y/N _____

- _____ Incontinence _____ Hesitancy _____ Dripping _____ Frequency