

## SPINE CT QUESTIONNAIRE

If you are scheduled to have a Spine CT performed, it will be helpful for you to print this form, complete it and bring it with you to your exam appointment.

1. What was your chief complaint when you saw your doctor? \_\_\_\_\_  
\_\_\_\_\_
2. Have you ever had spine surgery?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Describe your pain (sharp, burning, numbing): \_\_\_\_\_
4. Does the pain go down your arm or leg?  Yes  No If yes,  Front or  Back  Left or  Right
5. Does anything make the pain worse (standing, sitting, lying down, etc.)? \_\_\_\_\_  
\_\_\_\_\_
6. What do you think caused the problem? \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any numbness?  Yes  No If yes, where? \_\_\_\_\_
8. Do you have any weakness?  Yes  No If yes, where? \_\_\_\_\_
9. Have you had any bowel or bladder changes?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
10. Is there any chance of pregnancy?  Yes  No  N/A Date of last menstrual period: \_\_\_\_\_
11. Please shade in the areas which hurt:

