Spectrum Neurosurgery
The Brain & Spine Specialist

INITIAL INTAKE SURVEY

Date _____/ _____/ _____

Patient Name   Patient Gender ☐ M ☐ F ☐ Other

____________________	____________________	________
LAST	FIRST	MI

1. Describe your BACK pain

- ☐ None
- ☐ Tolerated without pain killers
- ☐ Bad but managed without pain killers
- ☐ Complete relief with pain killers
- ☐ Moderate relief with pain killers
- ☐ Very little relief with pain killers
- ☐ No effect with pain killers, so not taken

2. Level of BACK pain discomfort on scale of 1 to 10 (1 = none, 10 = worst)

1 2 3 4 5 6 7 8 9 10

3. Describe your LEG pain

- ☐ None
- ☐ Tolerated without pain killers
- ☐ Bad but managed without pain killers
- ☐ Complete relief with pain killers
- ☐ Moderate relief with pain killers
- ☐ Very little relief with pain killers
- ☐ No effect with pain killers, so not taken

4. Level of LEG pain discomfort on scale of 1 to 10 (1 = none, 10 = worst)

1 2 3 4 5 6 7 8 9 10

5. Describe your NECK pain

- ☐ None
- ☐ Tolerated without pain killers
- ☐ Bad but managed without pain killers
- ☐ Complete relief with pain killers
- ☐ Moderate relief with pain killers
- ☐ Very little relief with pain killers
- ☐ No effect with pain killers, so not taken

6. Level of NECK pain discomfort on scale of 1 to 10 (1 = none, 10 = worst)

1 2 3 4 5 6 7 8 9 10

7. Describe your SHOULDER pain

- ☐ None
- ☐ Tolerated without pain killers
- ☐ Bad but managed without pain killers
- ☐ Complete relief with pain killers
- ☐ Moderate relief with pain killers
- ☐ Very little relief with pain killers
- ☐ No effect with pain killers, so not taken

8. Level of SHOULDER pain on scale of 1 to 10 (1 = none, 10 = worst)

1 2 3 4 5 6 7 8 9 10

9. Describe your ARM pain

- ☐ None
- ☐ Tolerated without pain killers
- ☐ Bad but managed without pain killers
- ☐ Complete relief with pain killers
- ☐ Moderate relief with pain killers
- ☐ Very little relief with pain killers
- ☐ No effect with pain killers, so not taken

10. Level of ARM pain on scale of 1 to 10 (1 = none, 10 = worst)

1 2 3 4 5 6 7 8 9 10

11. Cigarette smoker? ☐ YES ☐ NO (If no, skip to No. 14)

12. Smoking history: Number of cigarettes smoked daily (20 per pack)

- ☐ Less than 1 pack
- ☐ 1 pack
- ☐ 2 packs
- ☐ 3 packs
- ☐ More than 3 packs

13. Smoking history: Duration

- ☐ Less than 1 year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ Longer than 20 years

14. Current employment status (Indicate all applicable)

- ☐ Currently working
- ☐ **Paid** leave
- ☐ **Unpaid** leave
- ☐ Unemployed
- ☐ Homemaker
- ☐ Self-Employed
- ☐ Student
- ☐ Retired (not due to health)
- ☐ Disabled/retired due to back problem
- ☐ Disabled due to health problem, not back
- ☐ Other

15. If not working now, how long has it been since you stopped?

Years Months Weeks Days

16. Physical labor at current job

☐ Heavy ☐ Moderate
☐ Minimal ☐ None (sedentary/desk work)

17. Current employment ☐ FULL ☐ PART-TIME

18. Level of satisfaction with job

☐ Very satisfied
☐ Somewhat satisfied
☐ Somewhat dissatisfied
☐ Very dissatisfied
☐ No opinion/unwilling to say

19. If disabled or retired due to poor health, level of satisfaction with previous job

☐ Very satisfied
☐ Somewhat satisfied
☐ Somewhat dissatisfied
☐ Very dissatisfied
☐ No opinion/unwilling to say

20. Does pain affect your ability to do your job? ☐ YES ☐ NO

21. Do you receive or are you seeking workers' compensation for your condition? ☐ YES ☐ NO

22. Are you now involved/have previously been involved in a liability case because of condition?

☐ YES ☐ NO

23. Beginning of current episode of pain ☐ GRADUAL ☐ SUDDEN

24. Prior symptoms in back, neck, shoulder, arms, or leg before this episode?

☐ YES, 1 ☐ YES, 2 or more ☐ NO

25. Any previous back surgery? ☐ YES ☐ NO

26. If you were to have to live with this back, neck, shoulder, arm or leg condition the rest of your life, how would that make you feel?

☐ Extremely unhappy ☐ Somewhat happy
☐ Very unhappy ☐ Very satisfied
☐ Somewhat unhappy ☐ Extremely satisfied
☐ Neutral

27. This visit is

☐ Initial treatment/consultation ☐ Follow-up treatment
☐ Second opinion ☐ Check-up for workers' comp/insurance
☐ Pre-surgery visit ☐ Post-surgery visit
☐ Other

Patient Expectations Related to this Treatment

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
28. Complete pain relief	☐	☐	☐	☐	☐
29. Moderate pain relief	☐	☐	☐	☐	☐
30. No pain relief	☐	☐	☐	☐	☐
31. Do more daily activities	☐	☐	☐	☐	☐
32. Sleep more comfortably	☐	☐	☐	☐	☐
33. Return to regular job	☐	☐	☐	☐	☐
34. Participate in more social/recreational activity	☐	☐	☐	☐	☐
35. Normal back, neck, shoulder, arm or leg condition	☐	☐	☐	☐	☐

Completed by: