

QUESTIONS ABOUT YOUR BACK

Name : _____ Date of birth: _____

Height: _____ Weight: _____ Today's date: _____

1. Illnesses, surgeries and injuries to date: Have you had severe back problems, injuries or surgeries before?
Circle one.

- A My back has been healthy all my life.
- B Some minor back problems.
- C Considerable back problems that have required treatment.
- D Severe back problems, one or more surgeries.
- E Lasting severe back damage.

2. How have you used your back so far? What kind of stresses has your back been exposed to at work and at play? How about your weight? Circle one.

- A Little stress (for example ideal weight, fitness exercise).
- B Increased stress (for example overweight, lifting, sitting at work).
- C Severe stress (for example overweight, heavy lifting, sitting at work, high impact sports).
- D Extreme stress (for example obesity, repeated heavy lifting and twisting, extreme sports).
- E Lasting back damage with disability.

3. What are your expectations from therapy? Circle one.

- A Instructions for self help.
- B No expectations.
- C Alleviation of my symptoms.
- D Immediate and complete recovery.
- E Nobody can help me anyway.

4. Functionality of your back: How does your back problem affect your everyday life? Circle one.

- A My back doesn't give me any problems whatsoever.
- B I don't know.
- C I have some symptoms with everyday activities but they do not restrict what I can do.
- D It is affecting my daily routine. I have to change my lifestyle but I can manage on my own.
- E My back is so bad that I cannot get through a day without assistance.

5. How much weight can you lift? How much weight can you lift without any increase in back pain? Circle one.

- A I can lift whatever I want to. My strength is my limit.
- B I don't know.
- C I can lift heavy weights (20+ lbs) as long as they are conveniently positioned.
- D Pain prevents me from lifting anything heavier than a gallon jug (8lbs)
- E I cannot lift anything at all.

6. How badly are you suffering? Some problems are easy to deal with while others are hard to handle emotionally. How would you describe your situation? Circle one.

- A No problem.
- B I can handle it.
- C My back problems are a burden that can keep me preoccupied.
- D My back problems severely impact my life and how I feel.
- E I am done – with my back, and sometimes with life, too.

7. A sense of your body: Which one are you? The one who picks up a new dance, sport or yoga pose right away or the one who has to practice over and over again? Circle one.

- A Movement and change is my life. No problem.
- B I could probably do it if I wanted to.
- C I try, but I usually quit because it doesn't work right away.
- D I can do it but I have to work really hard at it.
- E I'm a hopeless case. Not a chance.

8. Motivation: A healthy back needs care, training and attention. This requires a positive attitude, a lot of patience, a bit of understanding and some discipline. Which option best describes you? Circle one.

- A I am highly motivated and have never ending patience.
- B I'll have to think about this one.
- C I'll give it a try.
- D Motivation isn't my strong suit.
- E This is a waste of time.

9. Have previous treatments been successful? Maybe this is not your first attempt at treating your back problem. Considering all successes and failures to date, which answer is the most true?

- A I am almost fully recovered.
- B I don't know how to judge my situation.
- C The treatments have helped some.
- D There has been no significant improvement.
- E I am only getting worse.

10. How old are you?

- A 20 – 40 years old.
- B Under 20 years old.
- C 40 – 60 years old.
- D 60 – 80 years old.
- E Over 80 years old.

11. Diagnosis and prognosis: Maybe you have already seen a doctor or know the diagnosis of your back problem. Please choose the one best answer.

- A It's nothing serious.
- B I don't know what the problem is.
- C It's bad right now but I should be able to completely recover.
- D I have lasting damage that will lead to chronic problems.
- E I have severe damage that could permanently impair my ability to walk or even work.

Done!

Score: _____