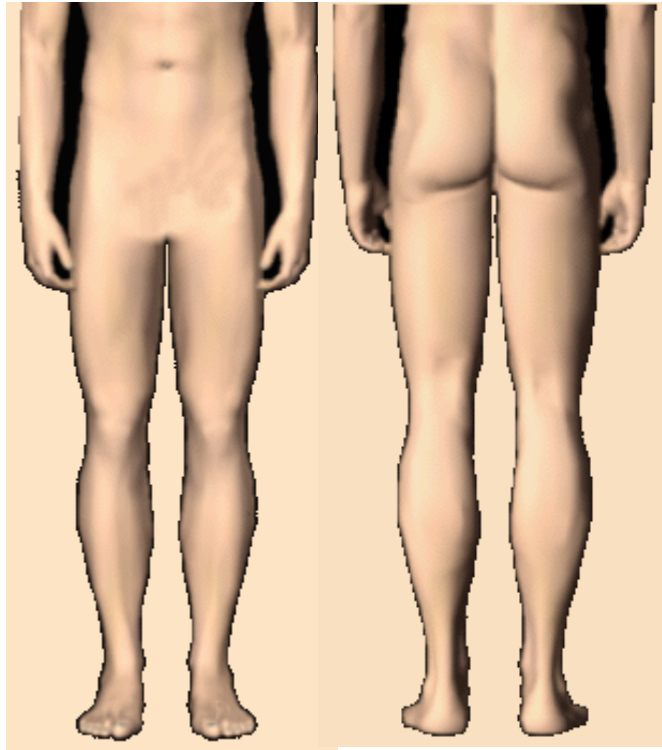


# CASE HISTORY – DRX 9000 QUESTIONNAIRE

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Symptoms are most prominent in the: ( ) morning ( ) afternoon ( ) evening ( ) middle of the night ( ) constant
2. **Related problems:** ( ) difficulty walking ( ) difficulty getting out of a chair ( ) numbness ( ) other \_\_\_\_\_
3. Describe the characteristics of your symptoms by marking the diagram below:

**KEY:** **b**=burning **t**=tingling **n**=numbness **s**=sharp pain **a**=aches



4. My job description requires me to:

	Never (0 hrs.)	Occasionally (up to 3 hrs./day)	Frequently (3-6 hrs./day)	Constantly (6-8 hrs./day)
sit	( )	( )	( )	( )
push / pull things	( )	( )	( )	( )
reach above shoulder level	( )	( )	( )	( )
lift	( )	( )	( )	( )
twist/bend	( )	( )	( )	( )
travel/drive	( )	( )	( )	( )

**Signature** \_\_\_\_\_