

QUESTIONNAIRE FOR ARACHNOIDITIS PATIENTS

Name _____ Age: _____ Sex: _____ Today's Date _____
Last First

		YES	NO
1.	Can you lie flat on your back?		
2.	When you stand with your leg straight and raise it, does this cause pain in your back?		
3.	Do you lose water (bladder) or stool (colon) without warning?		
4.	Does standing too long cause so much pain you have to sit or lie down?		
5.	Do you have periods or episodes of intense sweating or heat (temperature)?		
6.	Do you sometimes have to stand to relieve your pain?		
7.	Do you sometimes have shooting pains, tremors, or jerks in your legs?		
8.	Do you have to sometimes sleep sitting up?		
9.	Do you sometimes have pain behind your eyes?		
10.	Do you have trouble starting your bladder to urinate or bowel to defecate?		
11.	Is your pain constant (always present)?		
12.	Is your vision ever blurred?		
13.	Have you ever collapsed while standing or walking?		
14.	Are your hands and/or feet cold a lot of the time?		
15.	Do you get twitching or crawling feelings over your back and spine area?		
16.	Do you get burning or electrical pains in your feet?		

17. Describe your very first really severe pain.

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Throbbing/pounding | <input type="checkbox"/> Dull/deep |
| <input type="checkbox"/> Burning/fiery | <input type="checkbox"/> Stabbing |

18. Describe your pain today.

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Throbbing/pounding | <input type="checkbox"/> Dull/deep |
| <input type="checkbox"/> Burning/fiery | <input type="checkbox"/> Stabbing |

19. How many spine surgeries have you had? _____

20. How many epidural injections have you had? _____

21. What symptom or problem has most interfered with your life? _____

Return this Questionnaire to:

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