Low Back Pain and Sciatica Pre-Workshop Self-Assessment

Name (first, last) _____

Age: _____ Email: _____ Cell #:( ) _____

What do you think are the most likely causes of sciatica and low back pain?

_____

_____

Have you had sciatica and low back pain in the past? Yes / No

If yes, How many episodes? _____

What is the average pain level of your low back pain/sciatica?

0 1 2 3 4 5 6 7 8 9 10

no pain worst pain

What activities increase your pain or symptoms?

_____

_____

What activities relive your pain or symptoms?

_____

_____

When is the best time and day to schedule an appointment for your free screen?

Date: _____ Time: _____

* If you have a friend or family member who is experiencing low back pain or sciatica we encourage you to bring them along to our free workshop as well.