



PIPER SPINE CARE

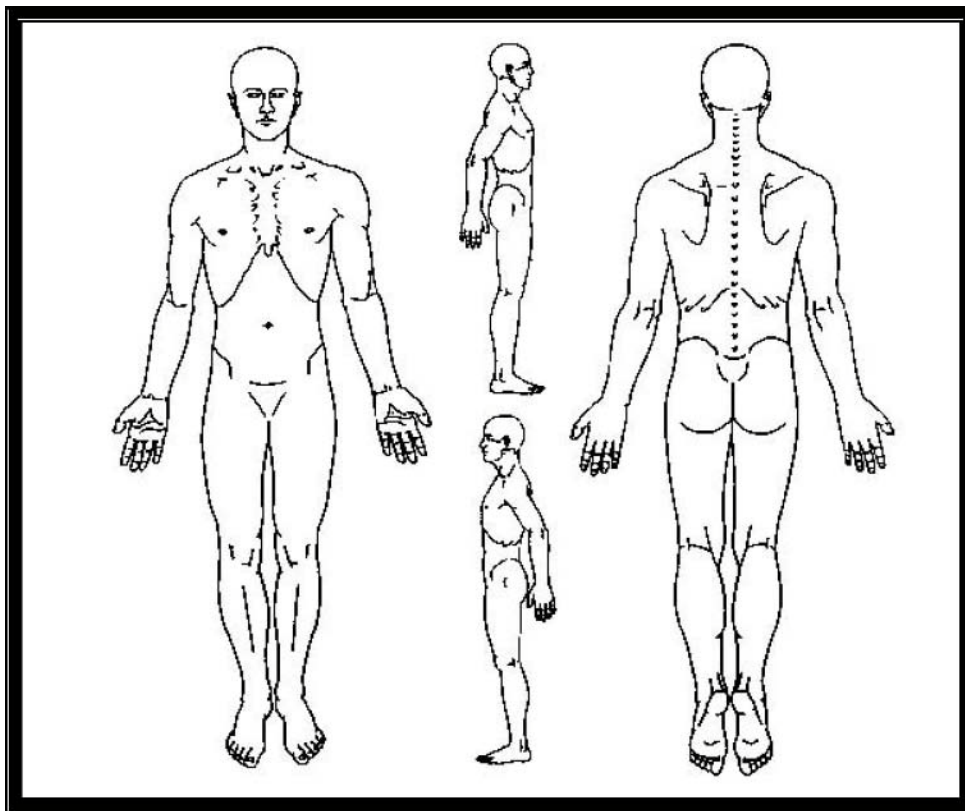
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PAIN QUESTIONNAIRE

NAME: _____ DATE: _____

How long have you had back/neck pain? ____ years ____ months ____ weeks

On the diagram below, please indicate where you are experiencing pain, right now.



A = ACHE P = PINS & NEEDLES B = BURNING
S = STABBING N = NUMBNESS O = OTHER