

# BACK QUESTIONNAIRE

DATE: \_\_\_\_\_

Claimant:  
Employer:

**\*If additional space is needed, please attach a separate sheet of paper or continue on reverse clearly numbering your answers.**

1. When did you first experience back pain? \_\_\_\_\_
2. Was there a specific incident which caused your back pain? \_\_\_\_\_ If so, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Did anything unusual happen to cause the back pain? \_\_\_\_\_ If so, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Was there a sudden stress or strain? \_\_\_\_\_ If so, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Were you lifting? \_\_\_\_\_ If so, describe the object and its weight. \_\_\_\_\_  
\_\_\_\_\_
6. Did you slip or fall? \_\_\_\_\_ If so, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Names of witnesses, if any: (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_
8. In what part of your back do you have pain? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Had you ever had previous back trouble or surgery? \_\_\_\_\_ If so, when and what type?  
\_\_\_\_\_  
\_\_\_\_\_
10. Have you continued to work despite the pain? \_\_\_\_\_ If not, what dates have you lost from work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. List the names and addresses of all physicians you have seen at any time in the past for back trouble. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Did you report the incident to your Foreman/Supervisor? \_\_\_\_\_ If so, give the Foreman's/Supervisor's name and when you reported. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Claimant Signature