



**09. Indicate what medications you take for your back, and how frequently. (Mark one choice in each group)**

	<u>Never</u>	<u>Once/week or less</u>	<u>More than once/week</u>	<u>Daily</u>
a. Over the counter (examples: Tylenol, Aspirin, Excedrin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Non steroidal anti-inflammatory (examples: Ibuprofen, Anaprox, Motrin, Feldene, Vioxx, Celebrex, Naprosyn, Arthrotec, Cataflam, Mobic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Muscle relaxant (examples: Flexeril, Robaxin, Soma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Narcotic pain medication (examples: Darvocet, Darvon, Vicodin, Lortab, MS Contin, Percodan, Percocet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Anti-depressant (examples: Elavil, Paxil, Prozac, Wellbutrin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Neuroleptics (agents to calm nerve pain - examples: Neurontin, Klonopin, Tegretol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. What is your current insurance coverage? (Mark all that apply)**

- ☐ No coverage
- ☐ HMO
- ☐ Medicaid
- ☐ Medicare
- ☐ PPO
- ☐ Private indemnity
- ☐ Self paying
- ☐ Workers' Compensation
- ☐ Other

**11. Do you currently smoke or use tobacco products?**

- ☐ Yes
- ☐ Currently using nicotine patches or other nicotine products
- ☐ Quit tobacco use within the last 3 months
- ☐ No

