Sciatica Doctor Visit Checklist

Questions And Symptoms To Write Down Before Your Appointment

Use this checklist to organize: when symptoms started, pain location and pattern, numbness or tingling, weakness, daily activities, previous problems or injuries, treatments tried, medications, and questions for your healthcare professional.

How To Use This Checklist

Complete the sections that apply to you. You do not need perfect answers. If you do not know something, write **Not sure**. Record what you have actually experienced rather than trying to diagnose the cause yourself.

Medical Note

This checklist is for general educational and organizational purposes only. It is not a medical questionnaire, screening test, or diagnostic tool and does not replace professional medical advice, diagnosis, or treatment. If symptoms are new, severe, worsening, rapidly changing, or concerning, contact a qualified healthcare professional.

My Appointment

Appointment date:	_____	**Appointment time:**	_____
Healthcare professional:	_____	**Clinic / location:**	_____
Main reason for visit:	_____		

Quick Pre-Visit Checklist

[ ] Completed this checklist

[ ] Relevant records or imaging information ready (if requested)

[ ] Questions written down

[ ] Medication and supplement list ready

[ ] Sciatica Symptom & Recovery Tracker packed (if using it)

[ ] Pen or phone ready for notes

1. When Did Your Symptoms Start?

Date or approximate date:

_____

Did they seem to begin:

[ ] Suddenly
[ ] Gradually
[ ] After a particular activity
[ ] After an injury
[ ] I woke up with them
[ ] I am not sure
[ ] Other: _____

What were you doing around the time your symptoms started?

_____
_____
_____

Have your symptoms changed since they began?

[ ] Improving
[ ] About the same
[ ] Getting worse
[ ] They come and go
[ ] Not sure

If they have changed, what changed?

_____
_____
_____

2. Where Do You Feel The Pain?

Check all areas that apply.

Left Side	Right Side
[ ] Lower back	[ ] Lower back
[ ] Buttock	[ ] Buttock
[ ] Hip area	[ ] Hip area
[ ] Back of thigh	[ ] Back of thigh
[ ] Front/side of thigh	[ ] Front/side of thigh
[ ] Knee area	[ ] Knee area
[ ] Calf	[ ] Calf
[ ] Ankle	[ ] Ankle
[ ] Foot	[ ] Foot
[ ] Toes	[ ] Toes

Where does the pain usually start?

_____

Where does it travel?

Side affected:

[ ] Left [ ] Right [ ] Both [ ] Difficult to tell

3. What Does The Pain Feel Like?

[ ] Aching
[ ] Burning
[ ] Sharp
[ ] Shooting
[ ] Electric-shock-like
[ ] Stabbing
[ ] Throbbing
[ ] Cramping
[ ] Pressure
[ ] Other: _____

Describe the pain in your own words:

_____
_____
_____

Pain Level

Pain right now:	____ / 10
Pain at its mildest:	____ / 10
Pain at its worst:	____ / 10

4. Do You Have Numbness Or Tingling?

[ ] No
[ ] Tingling
[ ] Pins and needles
[ ] Numbness
[ ] Reduced sensation
[ ] Burning sensation
[ ] Other unusual sensation: _____

Where do you notice it?

[ ] Buttock
[ ] Thigh
[ ] Calf
[ ] Foot
[ ] Toes
[ ] Other: _____

Which side?

[ ] Left
[ ] Right
[ ] Both

Does it:

[ ] Stay fairly constant
[ ] Come and go
[ ] Seem to be increasing
[ ] Seem to be decreasing
[ ] Not sure

5. Have You Noticed Weakness?

Record weakness you have noticed during normal activities. You do not need to perform your own strength tests.

[ ] No weakness noticed
[ ] Foot feels weak
[ ] Difficulty walking normally
[ ] Leg feels as though it may give way
[ ] Other: _____

[ ] Leg feels weak
[ ] Difficulty lifting the front of my foot
[ ] Difficulty climbing stairs
[ ] Difficulty standing from a chair

Which side?

[ ] Left [ ] Right [ ] Both

When did you first notice it?

_____

Has it changed?

[ ] Improving
[ ] Worsening
[ ] About the same
[ ] Not sure

Important: New or worsening weakness should be medically evaluated rather than simply watched on a checklist.

6. What Seems To Make Your Symptoms Worse?

[ ] Sitting
[ ] Walking
[ ] Bending forward
[ ] Lifting
[ ] Stairs
[ ] Getting out of a chair
[ ] Sneezing
[ ] Housework
[ ] Lying down
[ ] Other: _____

[ ] Standing
[ ] Driving
[ ] Bending backward
[ ] Twisting
[ ] Getting out of bed
[ ] Coughing
[ ] Exercise
[ ] Work activities
[ ] No obvious pattern

Describe what you notice:

_____
_____
_____

7. What Seems To Make Your Symptoms Better?

[ ] Changing position
[ ] Sitting down
[ ] Lying down
[ ] Gentle movement
[ ] Cold
[ ] Exercises I have been given
[ ] Other: _____
[ ] Standing up
[ ] Walking
[ ] Rest
[ ] Heat
[ ] Medication
[ ] Nothing seems to help

What seems most helpful?

_____
_____

8. How Are Your Symptoms Affecting Daily Life?

[ ] Sitting
[ ] Walking
[ ] Driving
[ ] Getting dressed
[ ] Stairs
[ ] Housework
[ ] Lifting/carrying
[ ] Social activities
[ ] Symptoms currently have little effect on daily activities
[ ] Standing
[ ] Sleeping
[ ] Working
[ ] Putting on shoes/socks
[ ] Cooking
[ ] Grocery shopping
[ ] Exercise
[ ] Caring for children/family

The biggest difficulty my symptoms cause me is:

_____
_____
_____
_____

9. Recent Injuries Or Changes

Think about the period before your symptoms started or became worse.

- [ ] Fall
- [ ] Sports injury
- [ ] Work injury
- [ ] New exercise/activity
- [ ] Long period of sitting or driving
- [ ] Pregnancy
- [ ] No event that I remember
- [ ] Car accident
- [ ] Lifting injury
- [ ] Sudden twisting movement
- [ ] Increased lifting
- [ ] Recent surgery
- [ ] Recent illness
- [ ] Other: _____

What happened and approximately when?

_____
_____
_____
_____

10. Previous Back Or Leg Problems

Have you had similar symptoms before?

[ ] Yes [ ] No [ ] Not sure

If yes, approximately when?

_____

Previous diagnosis, if any:

_____

Have you previously had:

- [ ] Lower-back pain
- [ ] Herniated disc
- [ ] Back injury
- [ ] Hip problem
- [ ] Physical therapy for your back
- [ ] Other: _____
- [ ] Sciatica
- [ ] Spinal stenosis
- [ ] Back surgery
- [ ] Leg/foot nerve problem
- [ ] Previous spinal injection

11. Treatments Or Strategies You Have Already Tried

[ ] Rest
[ ] Gentle movement
[ ] Heat
[ ] Over-the-counter pain medication
[ ] Physical therapy
[ ] Massage
[ ] Exercise program
[ ] Other: _____

[ ] Walking
[ ] Stretching
[ ] Cold
[ ] Prescription medication
[ ] Chiropractic care
[ ] Injection
[ ] Nothing yet

What seemed helpful?

_____
_____

What did not seem helpful?

_____
_____

Did anything make your symptoms worse?

_____
_____

This section records what you have already tried. It is not a recommendation to use any particular treatment.

12. Medications And Supplements

Include prescription medicines, over-the-counter medicines, vitamins, and supplements. Do not stop, start, or change medications because of this checklist.

#	Medication / Supplement	Dose (if known)	How often	When started
1				
2				
3				
4				
5				
6				

Questions To Ask Your Doctor About Sciatica

Choose the questions that matter to you. You do not need to ask every question.

[ ] What might be causing my symptoms?
[ ] Do my symptoms appear consistent with sciatica, or should other causes be considered?
[ ] Is there anything about my symptoms that concerns you?
[ ] Do I need any tests?
[ ] Would an X-ray, MRI, or another imaging test be useful in my situation?
[ ] Do I need a referral to a specialist?
[ ] Would physical therapy be appropriate?
[ ] What types of movement or exercise are appropriate for me right now?
[ ] Are there activities I should temporarily modify or avoid?
[ ] What can I safely do when symptoms flare up?
[ ] What treatment options should I consider?
[ ] How long might improvement take in my situation?
[ ] What signs would suggest that I am improving?
[ ] What symptoms should make me contact you sooner?
[ ] What symptoms would require urgent medical attention?
[ ] When should I schedule a follow-up?

My Own Questions

1.

_____
_____

2.

_____
_____

3.

_____
_____

4.

_____
_____

5.

_____
_____

What To Bring To Your Appointment

[ ] This completed Sciatica Doctor Visit Checklist

[ ] Current medication and supplement list

[ ] 30-Day Sciatica Symptom & Recovery Tracker, if you have completed one

[ ] Relevant medical records you have been asked to bring

[ ] Information about previous back injuries or treatment

[ ] Previous imaging/test information, if requested

[ ] Your list of questions

[ ] Pen or phone for taking notes

[ ] A family member or friend, if you would find that helpful

When Not To Wait For A Routine Appointment

This checklist is intended to help you prepare for an appointment. It should not be used to decide that potentially urgent symptoms can wait.

Seek immediate medical attention for new bowel or bladder control problems, numbness around the groin or saddle area, serious or rapidly changing neurological symptoms, or serious symptoms following major trauma. New or worsening leg weakness or significant numbness should also be medically evaluated promptly.

If symptoms are severe, rapidly worsening, or you believe you may be experiencing a medical emergency, seek appropriate medical care rather than waiting to complete this checklist.

After Your Appointment

Use this page to record what you want to remember after your visit.

Date of appointment:	_____
Healthcare professional:	_____

Things I Want To Remember

_____
_____
_____
_____
_____

Tests Or Follow-Up Discussed

_____
_____
_____
_____

Next Appointment Or Follow-Up

_____
_____
_____

Questions I Still Have

_____
_____
_____
_____

Medical Disclaimer

Medical Disclaimer: This Sciatica Doctor Visit Checklist is provided for general informational, educational, and personal organizational purposes only.

It is not a medical questionnaire, screening test, diagnostic tool, or substitute for professional medical advice, diagnosis, or treatment. Completing this checklist cannot determine whether you have sciatica, what is causing your symptoms, or whether you have another medical condition.

The questions and checkboxes are provided simply to help you organize information you may wish to discuss with an appropriately qualified healthcare professional.

Do not start, stop, or change medications, exercises, treatment, or other medical care based on this checklist or information on SciaticaPainGuide.com without consulting an appropriately qualified healthcare professional.

If you have back pain, leg pain, numbness, tingling, weakness, or other symptoms that concern you, seek professional medical advice. Seek immediate medical attention for serious or rapidly changing symptoms or whenever you believe you may be experiencing a medical emergency.

SciaticaPainGuide.com

Free educational tools for organizing symptoms, questions, and everyday observations.