

**POSTFLIGHT  
DSO 628 QUESTIONNAIRE**

**Please fill in questionnaire each day (R+0 - R+10).**

**Return booklet to:**

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281- 483-5476  
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# DSO 628: MRI QUESTIONNAIRE

Crewmember ID: \_\_\_\_\_

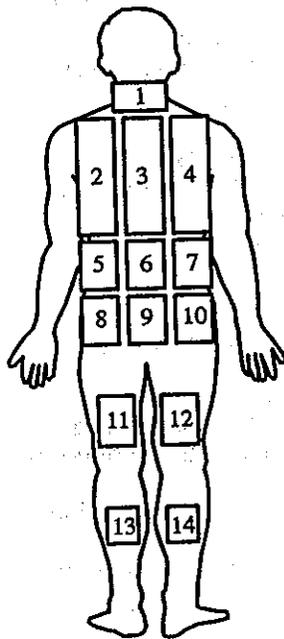
Date: \_\_\_\_\_

Did you experience back discomfort?  Yes  No

If yes, answer the remaining questions.

Using the boxed areas in the figure below, identify the area(s) of your discomfort. For each area identified (Areas 1 thru 14), use the correspondingly numbered empty box below to specify your type and level of discomfort

1. Choose the letter representing the TYPE OF DISCOMFORT and enter the letter in the left-hand portion of the appropriate box
2. Choose the number representing the LEVEL OF DISCOMFORT and enter the number in the right-hand portion of the same box.



Area (s):

1

2  3  4

5  6  7

8  9  10

11  12

13  14

Type of Discomfort

- A. Anesthesia (partial or complete)
- B. Burning
- D. Dull
- M. Momentary
- P. Paresthesia (tingling)
- S. Sharp
- T. Tightness

Level of Discomfort

- 1. Very low
- 2. Pain can be ignored
- 3. Painful, can continue to work
- 4. Severe, concentration difficult
- 5. Intense, incapacitating

Duration of pain: #Hr/Day \_\_\_\_\_ #Days/Week \_\_\_\_\_ (if applicable)

When did the discomfort become noticeable (i.e., resting, after performing specific task(s), exercise, etc.)? \_\_\_\_\_

Does a particular body position antagonize the discomfort?  Yes  No

If yes, briefly explain: \_\_\_\_\_

What did you do to alleviate the discomfort?

Exercise  Medication  Nothing  Stretching  Other: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_