

**FUNCTION INDEX:**

Do you require help lifting, i.e., 30-40lbs., heavy suitcases or a 3-4 year old child?	Yes	No
Is your sitting generally limited to less than one-half hour?	Yes	No
Is traveling in a car or bus generally limited to less than one-half hour?	Yes	No
Is standing in one place generally limited to less than one-half hour?	Yes	No
Is your walking generally limited to less than one-half hour?	Yes	No
Do you regularly curtail or miss social activities because of your pain?	Yes	No
Do you often need help with footwear because of pain?	Yes	No
Are you able to do all of your activities of daily living yourself? (bathing, dressing, etc.)?	Yes	No

Please list those you CANNOT perform:

\_\_\_\_\_

Do you participate in needed housework (laundry, cooking, cleaning, etc.)?    Yes    No

**ACCIDENTS:**

Have you ever had any car accidents or bad falls (work injuries, sports injuries, etc.) in which you were sore for at least five days? Please list details.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**SOCIAL HISTORY**

Are you married, single, divorced, or widowed? (please circle one or more)  
Do you have children?    Yes    No    If so, what are their ages? \_\_\_\_\_  
Please indicate last grade you have completed in school: \_\_\_\_\_

**PERSONAL HABITS**

Did/ Do you smoke?    Yes    No    If yes, how many packs/day for how long? \_\_\_\_\_  
If quit, how many packs/day were you smoking? \_\_\_\_\_  
How long did you smoke before quitting? \_\_\_\_\_  
How long has it been since you quit smoking? \_\_\_\_\_

Did/ Do you drink alcohol?    Yes    No    If yes, how much/day? \_\_\_\_\_

Do you drink alcohol to control pain?    Yes    No

What type of drugs (not medications) do you currently use? (marijuana, CBD oil, cocaine, etc.)? \_\_\_\_\_  
Do you have a home exercise program that you do on a regular basis?    Yes    No  
How often? \_\_\_\_\_

Do you have trouble sleeping?    Yes    No  
If yes, does your pain interfere with you sleep?    Yes    No  
How many average hours of sleep do you usually get? \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_