

PATIENT HEALTH QUESTIONNAIRE

(Pain Condition Only)

Patient Name: _____ **Date:** _____

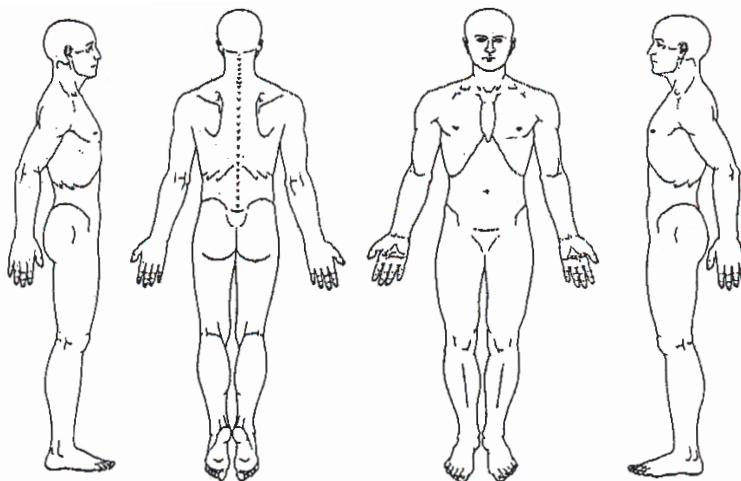
1. Describe your symptoms _____

a. When did your symptoms start? _____

b. How did your symptoms begin? _____

2. How often do you experience your symptoms? Indicate where you have pain or other symptoms:

- ① Constantly (76 - 100% of the day)
- ② Frequently (51 - 75% of the day)
- ③ Occasionally (26 - 50% of the day)
- ④ Intermittently (0 - 25% of the day)



3. What describes the nature of your symptoms?

- ① Sharp
- ② Dull Ache
- ③ Numb
- ④ Shooting
- ⑤ Burning
- ⑥ Tingling

4. How are your symptoms changing?

- ① Getting Better
- ② Not Changing
- ③ Getting Worse

5. During the past 4 weeks:

a. Indicate the average intensity of your symptoms

None ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Unbearable

b. How much has pain interfered with your normal work (including both work outside the home, and housework)

Not at all A little bit Moderately quite a bit Extremely

6. During the past 4 weeks, how much of the time has your condition interfered with your social activities?

- ① All of the time
- ② Most of the time
- ③ Some of the time
- ④ A little of the time
- ⑤ None of the time

7. In general would you say your overall health right now is ...

- ① Excellent
- ② Very Good
- ③ Good
- ④ Fair
- ⑤ Poor

8. Who have you seen for your symptoms?

- ① No One
- ② Other Chiropractor
- ③ Medical Doctor
- ④ Physical Therapist
- ⑤ Other Acupuncturer

a. What treatment did you receive and when? _____

b. What tests have you had for your symptoms and when were they performed?
 ① X-Rays date: _____ ③ CT Scan date: _____
 ② MRI date: _____ ④ Other date: _____

9. Have you had similar symptoms in the past?

- ① Yes
- ② No
- ① This Office
- ② Other Chiropractor
- ③ Medical Doctor
- ④ Physical Therapist
- ⑤ Other

a. If you have received treatment in the past for the same or similar symptoms, who did you see?

10. What is your occupation?

- ① Professional/Executive
- ② White Collar / Secretarial
- ③ Tradesperson
- ④ Laborer
- ⑤ Homemaker
- ⑥ FT Student
- ⑦ Retired
- ⑧ Other

a. If you are not retired, a homemaker, or a student, what is your current work status?
 ① Full-time ② Part-time ③ Self - employed ④ Unemployed ⑤ Off work ⑥ Other

Patient Signature: _____ **Date:** _____