

DAILY ACTIVITIES: EFFECTS OF CURRENT CONDITION ON PERFORMANCE

BENDING	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
CARRYING GROCERIES	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
CHANGE POSITION - SIT/STAND	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
CLIMB STAIRS	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
DRIVING	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
EXTENDED COMPUTER USE	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
HOUSEHOLD CHORES	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
KNEELING	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
LIFTING CHILDREN	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
LIFTING	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
READING (CONCENTRATION)	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
SELF-CARE (BATHING, DRESSING, SHAVING)	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
SLEEP	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
STATIC SITTING	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
STATIC STANDING	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
WALKING	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)
YARD WORK	<input type="checkbox"/> NO EFFECT <input type="checkbox"/> MILD PAINFUL (CAN DO) <input type="checkbox"/> MOD PAINFUL (LIMITED) <input type="checkbox"/> SEV (UNABLE TO PERFORM)

EMPLOYMENT: CONDITION'S EFFECT ON JOB PERFORMANCE

NO EFFECT MILD PAINFUL (CAN DO) MOD PAINFUL (LIMITED) SEV (UNABLE TO PERFORM)

RECREATIONAL ACTIVITY: EFFECTS OF CURRENT CONDITION ON PERFORMANCE

_____ NO EFFECT MILD PAINFUL (CAN DO) MOD PAINFUL (LIMITED) SEV (UNABLE TO PERFORM)

_____ NO EFFECT MILD PAINFUL (CAN DO) MOD PAINFUL (LIMITED) SEV (UNABLE TO PERFORM)

ANY NEW HEALTH PROBLEM(S) AND/OR SURGERIES SINCE YOUR LAST VISIT?

YES NO

IF YES, PLEASE EXPLAIN:

PLEASE UPDATE ANY CHANGES TO YOUR CONTACT INFORMATION BELOW:

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

HOME PHONE:

MOBILE:

WORK:

ADDITIONAL NOTES:

END