

# Patient Health Questionnaire

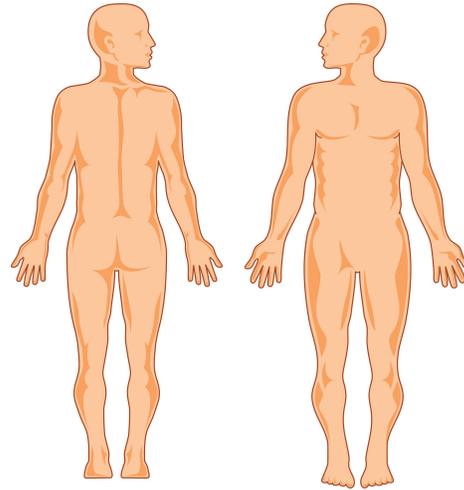
Patient Name \_\_\_\_\_ Date \_\_\_\_\_

1. When did your symptoms start: \_\_\_\_\_  
Describe your symptoms and how they began: \_\_\_\_\_

2. How often do you experience your symptoms?

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

Indicate where you have pain or other symptoms



3. What describes the nature of your symptoms?

- Sharp       Dull ache
- Numb       Shooting
- Burning       Tingling

4. How are your symptoms changing?

- Getting better
- Not changing
- 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? (like visiting with friends, relatives, etc.)

- Not at all     Most of the time     Some of the time     A little of the time     None of the time

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

- Excellent     Very Good     Good     Fair     Poor

8. Who have you seen for your symptoms?

- No One     Other Chiropractor     Medical Doctor     Physical Therapist     Other

9. Have you had similar symptoms in the past?  Yes  No

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

- This Office     Medical Doctor     Other     Other Chiropractor     Physical Therapist

b. What tests have you had for your symptoms and when were they performed?

- Xrays: date \_\_\_\_\_     MRI: date \_\_\_\_\_     CT Scan: date \_\_\_\_\_     Other: date \_\_\_\_\_

10. What is your occupation?

- Professional/Executive
- White Collar/Secretarial
- Tradesperson
- Laborer
- Homemaker
- Full Time Student
- Retired
- Other

a. If you are not retired, a homemaker, or a student, what is your current work status?

- Full-time     Part-time     Self-employed     Unemployed     Off work     Other

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_