## CURRENT HEALTH CONDITION (CON'T)

ON A SCALE OF 0-10, (10 BEING THE WORST) WHAT IS THE LEVEL OF IMPAIRMENT DUE TO SYMPTOMS **(RESTING)**:

ON A SCALE OF 0-10, (10 BEING THE WORST) WHAT IS THE LEVEL OF IMPAIRMENT DUE TO SYMPTOMS **(WITH ACTIVITY)**:

DURATION: SYMPTOM(S) STARTED:

SYMPTOM(S) WORSENED:

SYMPTOM(S) LAST OCCURRED:

SYMPTOM(S) LAST EPISODE:

INJURY OCCURRED:

ACCIDENT OCCURRED:

TIMING WORSE IN THE: ☐ MORNING ☐ AFTERNOON ☐ NIGHT ☐ W/ACTIVITY ☐ CONSTANT ☐ INTERMITTENT

ASSOCIATED SIGNS & SYMPTOMS:
☐ BLURRED VISION ☐ HEADACHES ☐ STIFFNESS ☐ IN EARS
☐ DEPRESSION ☐ IRRITABILITY/MOOD SWING ☐ NAUSEA ☐
☐ DIZZINESS ☐ LOCALIZED TINGLING ☐ RINGING

QUALITY OF HEADACHES: ☐ DULL ☐ SHARP ☐ THROBBING ☐ STABBING ☐ AURA ☐ NO AURA

RADIATION: ☐ LEFT ☐ RIGHT ☐ BILATERAL
WEAKNESS: ☐ LEFT ☐ RIGHT ☐ BILATERAL

OTHER ASSOC. SIGNS & SYMPTOMS:
☐ ACHES ☐ FEVER ☐ NUMBNESS ☐ RUNNY NOSE ☐ TINGLING
☐ COLD LIMB ☐ HEARTBURN ☐ PALE BLUISH SKIN ☐ STIFFNESS ☐ VOMITING
☐ DIZZINESS ☐ MUSCLE SPASM ☐ PANIC ☐ SWEATING ☐ WEAKNESS
☐ FATIGUE ☐ NAUSEA ☐ PINS & NEEDLES ☐ SWELLING

MODIFYING FACTORS - SYMPTOMS BETTER WITH:
☐ ACTIVITY ☐ BENDING ☐ COLD ☐ HEAT ☐ MASSAGE ☐ MOVEMENT ☐ OTC MEDS ☐ RX MEDS ☐ REST ☐ STRETCHING ☐ SITTING ☐ STANDING ☐ TWISTING ☐ WALKING ☐ NOTHING HELPS

SINCE CONDITION BEGAN, HAS ANYTHING PERMANENTLY HELPED YOU? ☐ YES ☐ NO

HAS ANYTHING THAT YOU HAVE DONE, THUS FAR, FIXED YOUR PROBLEM? ☐ YES ☐ NO

## EMPLOYMENT

OCCUPATION:

WORK (HRS/DAY):

JOB CLASSIFICATION: ☐ SITTING ☐ LIGHT ☐ MODERATE ☐ HEAVY LIFTING

LIFTING FREQUENCY: ☐ CONSTANT (66-100% DAY) ☐ FREQUENT (33-65% DAY) ☐ OCCASIONAL (0-32% DAY)

WORK ACTIVITY POSTURES: (HRS/DAY)
☐ SITTING ☐ STANDING ☐ WALKING ☐ CLIMBING ☐ PUSHING ☐ PULLING ☐ KNEELING ☐ REACHING ☐ TWISTING

REPETITIVE ACTIVITIES: (HRS/DAY)
☐ COMPUTER ☐ PHONE ☐ MACHINERY ☐ HAND TOOLS ☐ ASSEMBLY ☐ GRASPING

HOW DOES THIS CONDITION EFFECT JOB PERFORMANCE:
☐ MILD PAINFUL (CAN DO) ☐ MODERATE PAINFUL (LIMITED) ☐ SEVERE (UNABLE TO PERFORM) ☐ OTHER (EXPLAIN):

## DAILY ACTIVITIES: EFFECTS OF CURRENT CONDITION ON PERFORMANCE:

| ACTIVITY (place a check in column applicable) | NO EFFECT | MILD PAINFUL (CAN DO) | MOD. PAINFUL (LIMITED) | SEVERE (UNABLE TO PERFORM) | ACTIVITY (place a check in column applicable) | NO EFFECT | MILD PAINFUL (CAN DO) | MOD. PAINFUL (LIMITED) | SEVERE (UNABLE TO PERFORM) |
|---|---|---|---|---|---|---|---|---|---|
| **Bicycling** | | | | | **Running** | | | | |
| **Carrying Groceries** | | | | | **Self Care - Dressing** | | | | |
| **Change Posn-Sit-Stand** | | | | | **Self Care - Shaving** | | | | |
| **Child Care** | | | | | **Sexual Activities** | | | | |
| **Climb Stairs** | | | | | **Sleep** | | | | |
| **Computer Use** | | | | | **Static Sitting** | | | | |
| **Daily Pet Care** | | | | | **Static Standing** | | | | |
| **Driving** | | | | | **Swimming** | | | | |
| **Exercise** | | | | | **Walking** | | | | |
| **Golf** | | | | | **Weight LIfting** | | | | |
| **Household Chores** | | | | | **Yard Work** | | | | |
| **Lift Children** | | | | | | | | | |
| **Pilates** | | | | | | | | | |