

Have you been in an accident                      YES    NO    If YES, when did it occur? \_\_\_\_\_  
 If YES, please describe \_\_\_\_\_  
 What medications are you taking? \_\_\_\_\_

**Social History**

Do you live alone?                                      YES    NO    If NO, who lives with you? \_\_\_\_\_  
 Do you have stairs in your home?                YES    NO    If YES, how many? \_\_\_\_\_  
 Do you smoke?    YES    NO    If YES, how much per day? \_\_\_\_\_  
 Do you drink alcohol?                                 YES    NO    If YES, how much per day? \_\_\_\_\_  
 Do you have trouble sleeping?                    YES    NO

The scale below consists of a number of words that describe different feelings and emotions. Read each item and then indicate how you feel on average. Using the numbers 1, 2, 3, 4, 5. Mark the number in the space next to the word.

1	2	3	4	5
Slightly/Not at all	A little	Moderately	Quite a bit	Extremely
_____ interested	_____ irritable	_____ jittery	_____ strong	_____ nervous
_____ enthusiastic	_____ distressed	_____ alert	_____ active	_____ excited
_____ ashamed	_____ afraid	_____ upset	_____ inspired	_____ hostile
_____ guilty	_____ determined	_____ proud	_____ scared	_____ attentive

**Functional Status**

Are you independent in self-care activities:      YES    NO  
 Can you drive:                      In the daytime?      YES    NO                      In the nighttime?      YES    NO  
 Are you working:      YES    NO                      Not applicable  
 Are you on Medical Disability?                      YES    NO  
 Are you able to:  
                     Watch TV comfortably?                      YES    NO                      Read?                      YES    NO  
                     Go shopping?                                      YES    NO                      Be in traffic?                      YES    NO

**Initial Visit**

For the following, please pick the one statement that best describes how you feel?

- Negligible symptoms
- Bothersome symptoms
- Performs usual work duties but symptoms interfere with outside activities
- Symptoms disrupt performance of both usual work duties and outside activities
- Currently on medical leave or had to change jobs because of symptoms
- Unable to work for over one year or established permanent disability with compensation payments