

1st Choice Chiropractic: General Pain Questionnaire

Patient Name: _____

Date: _____

Claim#: _____

We would like to know how much your pain **PRESENTLY** prevents you from doing what you would normally do. Regarding each category, please indicate the **OVERALL** impact your present pain has on your life, not just when the pain is at its worst.

1. Family/Home Responsibility: such yard work, chores around the house or driving the kids to school, etc.

Unable to perform activity	0	1	2	3	4	5	6	7	8	9	10	Able to perform activity at the same level as before injury or problem
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2. Recreation: including hobbies, sports, or other leisure activities, etc.

Unable to perform activity	0	1	2	3	4	5	6	7	8	9	10	Able to perform activity at the same level as before injury or problem
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3. Social Activities: including parties, theater, concerts, dining-out, and attending social functions, etc.

Unable to perform activity	0	1	2	3	4	5	6	7	8	9	10	Able to perform activity at the same level as before injury or problem
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4. Employment: including job duties and volunteering, etc.

Unable to perform activity	0	1	2	3	4	5	6	7	8	9	10	Able to perform activity at the same level as before injury or problem
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5. Self Care: including taking a shower, driving, and/or getting dressed, etc.

Unable to perform activity	0	1	2	3	4	5	6	7	8	9	10	Able to perform activity at the same level as before injury or problem
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6. Life Support Activities: including eating, sleeping, etc.

Unable to perform activity	0	1	2	3	4	5	6	7	8	9	10	Able to perform activity at the same level as before injury or problem
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Physician Signature: _____