Brink Chiropractic Clinic 1047 Main St. Sanford, ME 04073

This questionnaire is about the way your pain is affecting your daily life. People with back/neck problems may find it difficult to perform some of their daily activities. We would like to know if you find it difficult to perform any of the activities listed below, because of your pain. For each activity there is a scale of 0 to 5. Please choose one response option for each activity, do not skip any activities. Put an X in the corresponding box.

	Not	n at a t a a 11	Company last	e da		
	difficult at all	Minimally difficult	Somewhat difficult	Fairly difficult	Very difficult	Unable to do
	0	1	2	3	4	5
1. Get out of bed	0	<u> </u>	L	5	-	5
2. Sleep through the night						
3. Turn over in bed						
4. Ride in a car						
5. Stand up for 20-30 minutes						
6. Sit in a chair for several hours						
7. Climb one flight of stairs						
8. Walk a few blocks						
9. Walk several miles						
10. Reach up to high shelves						
11. Throw a ball						
12. Run one block						
13. Take food out of the						
refrigerator						
14. Make your bed						
15. Put on socks						
16. Bend over to clean bathtub						
17. Move a chair						
18. Pull or push heavy doors						
19. Carry two bags of groceries						
20. Lift and carry heavy suitcase						
Current Pain Level: 0 1 2	3 4	56	78	9 1	L O	
NO PAIN				UNB	EARABLE P	AIN
Frequency of Pain: 0% 20%	40 %	60%	5 80 %	100%	6	

Office use only

Patient signature: _____

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NAME (PLEASE PRINT):			DATE:		
DATE OF BIRTH:	OCCUPATION:				
WHEN DID YOUR SYMPTOMS START?					
USE THE LETTERS BELOW TO INDICIA	TE THE TYPE AN	D LOCATION OF Y	OUR SENSATION RIGHT NOW		
A= ACHE P= PINS AND NEEDLES		N =NUMBNESS T =TIGHTNESS			
P=PINS AND NEEDLES					