



MORRISON
CHIROPRACTIC, P.A.
Gentle, Effective, Quality Chiropractic Care

Name _____ Primary complaint _____ Date _____

1. Please indicate your usual level of pain during the past week.

No pain **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Worst pain possible

2. Does pain, numbness, tingling or weakness extend into your leg (from low back) &/or arm (from neck)?

None of the time **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** All of the time

3. How would you rate your general health? (x-10)

Poor **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Excellent

4. If you had to spend the rest of your life with your condition as it is right now, how would you feel about it?

Delighted **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Terrible

5. How anxious (eg. tense, irritable, fearful, difficulty in relaxing) you have been feeling during the past week:

Not at all **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Extremely anxious

6. How much have you been able to control (i.e., reduce) your pain on your own during the past week:

I can reduce it **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** I can't reduce it at all

7. Please indicate how depressed (eg. down, sad, pessimistic) you have been feeling in the past week:

Not at all **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Extremely depressed

8. On a scale of 0-10, how certain are you that you will be doing normal activities or working in six months?

Very certain **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Not certain at all

9. I can do light housework for an hour.

Completely agree **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Completely disagree

10. I can sleep at night.

Completely agree **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Completely disagree

11. An increase in pain is an indication that I should stop what I'm doing until the pain decreases.

Completely disagree **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Completely agree

12. Physical activity makes my pain worse

Completely disagree **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Completely agree

13. I should not do my normal activities including work with my present pain

Completely disagree **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Completely agree