

Additional Health Questionnaire

Name: _____

Check off any of the following symptoms you have experienced in the past 6 months:

- | | | |
|---|--|--|
| <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Tension Across Top of Shoulders | <input type="checkbox"/> Tired/Fatigued |
| <input type="checkbox"/> Pain between Shoulder Blades | <input type="checkbox"/> Numbing/Tingling in Arms/Hands | <input type="checkbox"/> Difficulty Sleeping |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Numbing/Tingling in Legs/Feet | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Tension/Headaches | <input type="checkbox"/> Pain in the legs | <input type="checkbox"/> Digestive Problems |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Pain in the feet | <input type="checkbox"/> Carpal Tunnel |

OTHER (explain) _____

Which of the above is the worst? _____

How long have you had it? _____

How often does it occur? _____

What does it feel like? (describe) _____

What have you done that has helped this problem? _____

What activities would you like to do if this was not a problem?

Does this cause you to be:

- Moody
- Irritable
- Interrupt sleep
- Restricted in your daily activities

Does this affect your work:

- Decision making
- Poor attitude
- Decreased productivity
- Exhausted at the end of the day
- Unable to work long hours

Does this affect your life:

- Lose patience with spouse/children
- Restricted household duties
- Hinders ability to exercise or sports
- Interferes with ability to do hobbies or other activities

What have you tried to help relieve/get rid of this problem and how much did it help? (circle appropriately)

- | | |
|---|---|
| ◆ Medications...Helped: Little Some Much | ◆ Exercise...Helped: Little Some Much |
| ◆ Physical Therapy...Helped: Little Some Much | ◆ Nutrition...Helped: Little Some Much |
| ◆ Chiropractic...Helped: Little Some Much | ◆ Stretching...Helped: Little Some Much |

OTHER _____

Signature: _____ Date: ____/____/____