

MIQUELI CHIROPRACTIC & MASSAGE THERAPY
910 16TH ST STE 221 DENVER, CO 80202 o 303-573-0984

INSTRUCTIONS: The survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Answer every question by marking the appropriate oval. If you are unsure about how to answer a question, please give the best answer you can.

Before beginning this questionnaire.....

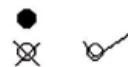
Please write in your ID number in the squares to the right and then darken in the appropriate oval below each number.

If you don't know what ID number to use, ask the person who gave you this questionnaire.

Now begin with the questions below.

Shade circles like this: ●

Not like this: ⊗



Patient _____

Date _____

1. In general, would you say your health is:

- ☐ 1. Excellent
☐ 2. Very Good
☐ 3. Good
☐ 4. Fair
☐ 5. Poor

2. Compared to one year ago, how would you rate your health in general now?

- ☐ 1. Much better now than 1 year ago.
☐ 2. Somewhat better now than 1 year ago.
☐ 3. About the same as 1 year ago.
☐ 4. Somewhat worse now than 1 year ago.
☐ 5. Much worse now than 1 year ago.

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Mark one oval on each line.)

	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
c. Lifting or carrying groceries	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
d. Climbing several flights of stairs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
e. Climbing single flight of stairs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
f. Bending, kneeling, or stooping	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
g. Walking more than a mile	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
h. Walking several blocks	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
i. Walking one block	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
j. Bathing or dressing yourself	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Mark one oval on each line.)

	1. Yes	2. No
a. Cut down the amount of time you spent on work or other activities	<input type="radio"/> 1	<input type="radio"/> 2
b. Accomplished less than you would like	<input type="radio"/> 1	<input type="radio"/> 2
c. Were limited in the kind of work or other activities	<input type="radio"/> 1	<input type="radio"/> 2
d. Had difficulty performing the work or other activities (for example it took extra effort)	<input type="radio"/> 1	<input type="radio"/> 2

PLEASE GO TO NEXT PAGE TO COMPLETE QUESTIONNAIRE

This is Side 2 of the Questionnaire.
Make sure you complete the OTHER side first.

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Mark one oval on each line.)		1. Yes	2. No
a. Cut down the amount of time you spent on work or other activities	a. <input type="radio"/> 1	<input type="radio"/> 2	
b. Accomplished less than you would like	b. <input type="radio"/> 1	<input type="radio"/> 2	
c. Didn't do work or other activities as carefully as usual	c. <input type="radio"/> 1	<input type="radio"/> 2	

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Mark one oval.)	<input type="radio"/> 1. Not at all <input type="radio"/> 2. Slightly <input type="radio"/> 3. Moderately	<input type="radio"/> 4. Quite a bit <input type="radio"/> 5. Extremely
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7. How much bodily pain have you had during the past 4 weeks? (Mark one oval.)	<input type="radio"/> 1. None <input type="radio"/> 2. Very mild <input type="radio"/> 3. Mild	<input type="radio"/> 4. Moderate <input type="radio"/> 5. Severe <input type="radio"/> 6. Very severe
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8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (Mark one oval.)	<input type="radio"/> 1. Not at all <input type="radio"/> 2. A little bit <input type="radio"/> 3. Moderately	<input type="radio"/> 4. Quite a bit <input type="radio"/> 5. Extremely
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9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...(Mark one oval on each line.)	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
a. Did you feel full of pep?	a. <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
b. Have you been a very nervous person?	b. <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
c. Have you felt so down in the dumps that nothing could cheer you up?	c. <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
d. Have you felt calm and peaceful?	d. <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
e. Did you have a lot of energy?	e. <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
f. Have you felt downhearted and blue?	f. <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
g. Did you feel worn out?	g. <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
h. Have you been a happy person?	h. <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
i. Did you feel tired?	i. <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? (Mark one oval.)	<input type="radio"/> 1. All of the time <input type="radio"/> 2. Most of the time <input type="radio"/> 3. Some of the time	<input type="radio"/> 4. A little of the time <input type="radio"/> 5. None of the time
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11. How true or false is each of the following statements for you? (Mark one oval on each line.)	Definitely True	Mostly True	Don't know	Mostly False	Definitely False
a. I seem to get sick a little easier than other people.	a. <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
b. I am as healthy as anybody I know	b. <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
c. I expect my health to get worse	c. <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
d. My health is excellent	d. <input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

12a. Your Gender	<input type="radio"/> Male <input type="radio"/> Female
12b. How old were you on your last birthday?	<input type="radio"/> Less than 35 <input type="radio"/> 35-44 <input type="radio"/> 45-54 <input type="radio"/> 55-64
	<input type="radio"/> 65-74 <input type="radio"/> 75-84 <input type="radio"/> 85 and older

13. Have you ever filled out this form before?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't remember
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THANK YOU FOR YOUR TIME.