

EMOTIONAL / SOCIAL ISSUES (CONTINUED)

Have you ever had a problem with alcohol or drugs? (i.e.: addiction, abuse, street use)

Explain: _____

Cigarettes (packs per day) _____ Caffeine (cups/glasses of coffee/tea/coke a day) _____

Alcohol (drinks per day) _____ Wine _____ Beer _____ Hard Liquor _____

Are you currently receiving counseling/psychiatric care? _____

Do you often become angry due to your pain? _____

Does stress seem to increase your pain? _____

Has your weight changed since your pain began? _____ If yes, by how much? _____

Do you have problems with sleep? _____ If yes, hours per night? _____

VOCATIONAL / OCCUPATIONAL STATUS (Please check the following that apply)

- _____ Currently Retired _____ On Disability _____ Applying for Disability
- _____ Involved in litigation (please explain) _____
- _____ Currently Working _____ Full Time _____ Part-Time _____ Light Duty
- _____ Missing time due to pain (How much?) _____
- _____ Currently Employed but not working due to pain
- _____ Receiving Work Comp Benefits _____ Have settled Work Comp case but not working
- _____ Have prior work related injuries (Please describe) _____

What is the last level of education that you have completed? _____

IF EMPLOYED PLEASE COMPLETE THE FOLLOWING: CURRENT OR MOST RECENT

Employer _____ Length of Employment Prior to Injury _____

Job Title _____ Supervisor _____ Tel # _____

How would you rate your pre-injury job? _____ Light _____ Medium _____ Heavy
If you have a new job please rate _____ Light _____ Medium _____ Heavy
Do you consider your job stressful? _____ Mild _____ Moderate _____ Very High

Do you feel you will ever be able to return to your pre-injury job? YES NO

If NO, please explain: _____
