
Work

Status: _____

**Current modified job
duties:** _____

Would you go back to your current job?

Is your employer concerned about you?

What kinds of successes or difficulties were you having before you got injured?

Current Living Situation _____

Where were you born?

Where were you raised?

2. FAMILY HISTORY:

	<u>Mother</u>				<u>Father</u>	
Health (please circle one)	excellent	fair	good	excellent	fair	good
poor	deceased		poor	deceased		

4. SCHOOLING

What was the highest grade you completed in school? _____

Which of the following have ever applied during your years in school? _____

<u>Grade</u>	<u>Grade</u>
Afraid to attend _____	Picked on _____
Problems with teachers _____	Fights _____
Frequent or prolonged absence _____	Enjoyed school _____
Disciplined by school personnel _____	Failing Grades _____
Expulsions/suspensions _____	Honor role _____
Medical problems _____	Family problems _____

Your grades in school were generally (Circle): A B C D F

Were you ever held back a grade? Y/N Which grade(s) _____ Why?

Were you ever told you had a learning disability or ADHD? Y/N (Explain) _____

Were you ever placed in a special class? Y/N Which grade(s) Why? _____

Describe your school activities and awards.

Looking back, what did you like most about school? _____

What did you like least about school? _____

Are you a high school graduate? Y/N What school? _____

Location _____ Year graduated _____ GED? Y/N

Did you work outside the home before you left high school? Y/N What types of jobs did you have?

College or specialized training:

Where	Degrees/Credentials	When
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. MILITARY HISTORY (if applicable)

Branch _____

Dates From _____ to _____

Nature of Discharge _____

Special Problems _____

6. MARRIAGES

Number of marriages 0 1 2 3 4 5

<u>Spouses' Names</u>	<u>for Termination of Relationship</u>	<u>Dates</u>	<u>Reason</u>
_____	From _____ to _____	_____	_____
_____	From _____ to _____	_____	_____
_____	From _____ to _____	_____	_____
_____	From _____ to _____	_____	_____
_____	From _____ to _____	_____	_____

7. CHILDREN (By all marriages)

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Legal Status:</u> Own,	<u>Residence Status</u>	<u>Marital Status</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Adopted, stepchild, other

How does your family support you?

Does your family treat you differently now that you are in pain?

Do you get increased symptoms when you are dealing with family and friends?

8. How has your health been throughout your life? Generally:

Excellent Good Fair Poor

8A. LIST ALL DOCTORS YOU HAVE SEEN IN THE LAST FIVE YEARS:

Name	Specialty	Phone#	When first seen/last seen
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

8B. Please list (with dates) any serious illnesses, operations, or injuries you have had.

Operation, Illness, or Injury	Date	Physician Name
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

8C. List all current medical problems:

8D. If you are taking medication for any of these problems, please list all the medications, dosages, and frequency.

9. What is your height? _____ What is your weight? _____

10. Check one: Right Handed ___ Left Handed ___

11. Do you smoke? _____ No _____ Yes If yes, how much?

12. Do you drink tea and/or coffee? _____ No _____ Yes If yes, how many cups per day?

13. How would you describe your current drinking habits? _____ None (no drinking at all)
_____ Social Drinking _____ Problem drinking on sprints _____ Steady problem drinking

14. When did you last have an alcoholic drink? (Please give the date.) _____

15. If you drank in the past month, please indicate how many days? _____

16. When you did drink alcohol, what did you typically consume? (check all the apply)
_____ beer _____ wine _____ liquor

On the average drinking occasion, how many drinks did you consume? (*1 drink = one 12-ounce beer, or one 8-ounce of wine or one ounce of liquor*)

_____ 1 drink _____ 3 drinks _____ 5 drinks
_____ 2 drinks _____ 4 drinks _____ 6 drinks _____ more than 6 drinks

On the heaviest drinking occasion, how many drinks did you consume? (*1 drink = one 12-ounce beer, or one 8-ounce of wine or one ounce of liquor*)

_____ 1 drink _____ 3 drinks _____ 5 drinks
_____ 2 drinks _____ 4 drinks _____ 6 drinks _____ more than 6 drinks

17. How old were you the first time any of the following problems occurred because of alcohol?

a. Were fired because of drinking.
_____ Never or I was _____ years old
How many times did this happen? _____

b. Were picked up for drunk driving.
_____ Never or I was _____ years old
How many times did this happen? _____

c. Were you separated or divorced from spouse because of your drinking problem?
_____ Never or I was _____ years old
How many times did this happen? _____

d. Had to go to the hospital because of drinking.
_____ Never or I was _____ years old
How many times did this happen? _____

e. A doctor told you alcohol had harmed your health.
_____ Never or I was _____ years old.
How many times did this happen? _____

f. The first time you seriously tried to stop drinking.

____ Never or ____ I was ____ years old

How many times did this happen? _____

18. How many times in your life do you estimate that you have taken the following substances?

Marijuana (including Hashish and THC)?

____ Never or ____ Times _____ Last Used?

Hallucinogens (LSD, Mescaline, Peyote, PCP, STP, Psilocybin, etc.)?

____ Never or ____ Times _____ Last Used?

Barbiturates and downers that weren't prescribed for your use?

____ Never or ____ Times _____ Last Used?

Oral Amphetamines, Ritalin, Methamphetamine ("Speed, Meth, Crystal"), Diet Pills, and other Amphetamines that were not prescribed for your use?

____ Never or ____ Times _____ Last Used?

Opiates (Heroin, Vicoden, etc. that weren't prescribed for your use?)

____ Never or ____ Times _____ Last Used?

Solvents (Glue, Aerosols, Toluene, Gasoline, Paint, etc.)

____ Never or ____ Times _____ Last Used?

Cocaine

____ Never or ____ Times _____ Last Used?

Club Drugs (Ecstasy, MDMA, GHB, Rohypnol, Ketamine, etc.)

____ Never or ____ Times _____ Last Used?

Are there any others? If Yes, which ones?

b. Have you ever had any of the following problems because of drug use?

____ No ____ Yes Marital separation or divorce because of your drug use?

____ No ____ Yes Laid off from work or fired because of your drug use?

____ No ____ Yes One or more arrests because of your drug use?

____ No ____ Yes A doctor has said that drugs have harmed your health?

____ No ____ Yes Used drugs intravenously?

19. Were you ever treated by a mental health worker such as a psychiatrist, psychologist, marriage family counselor, social worker (*Check all that apply*)

___ No ___ Yes If Yes, Why? _____

21. Have you ever hurt anyone in a fight badly enough that they needed to see a doctor?
___ No ___ Yes If "Yes" explain _____

22. How do you spend your day? Please list all the activities you pursue. *(Be Specific and detailed)* Use the times of day listed as a guide.

	Pre-Injury	Post-Injury
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What time do you generally wake up? _____		
early morning... _____	_____	_____
mid morning... _____	_____	_____
late morning... _____	_____	_____
noon hour... _____	_____	_____
early afternoon... _____	_____	_____
mid afternoon... _____	_____	_____
late afternoon... _____	_____	_____
early evening... _____	_____	_____
middle evening... _____	_____	_____
late evening... _____	_____	_____

What time do you usually go to bed? _____

How do you spend the weekends? *(Be Specific)*

Preinjury: _____

Postinjury: _____

23. What are your hobbies and interests? _____

a. How many times a week do you engage in an athletic event or game (tennis, jogging, baseball, etc)?
_____ None or If yes: _____ times a week

b. How many days a week do you spend time working on a hobby?
_____ None or If yes: _____ times a week

c. How many times a week do you attend a social events (party, club, etc.)?
_____ None or If yes: _____ times a week

d. If you're not married, do you have a girlfriend or boyfriend you see daily or with whom you live?
_____ No _____ Yes

e. If yes, how long have you had a relatively stable relationship with this person?
_____ Months _____ Days

24. Please account for the last five jobs (even if the same employer) or the jobs you've held for the past ten years, beginning with your most recent job.

<u>Employer</u>	<u>Job Title</u>	<u>City</u>	<u>Dates of employment</u>
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25. Looking back, which job do you recall as being the best you've had? Why?

26. Which job do you recall as being the worst? Why?

27. Were you ever terminated from a job? (Please explain)

28. Please tell us about your income at this time.

Source	Amount	Since when?
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29. Please check all that apply.

	YES	NO		YES	NO
Sleep problems	___	___	Thinking problems	___	___
Poor appetite	___	___	Anxiety	___	___
Body weakness	___	___	Depression	___	___
Fatigue	___	___	Crying spells	___	___
Headaches	___	___	Nervousness	___	___
Stomach problems	___	___	Thoughts of suicide	___	___
Back pain	___	___	Thoughts of homicide	___	___
Nausea	___	___	Feeling of helplessness	___	___
Dizziness	___	___	Feeling of hopelessness	___	___
Chest pain	___	___	Fears	___	___
Shortness of breath	___	___	Anger	___	___
Weight changes	___	___	Irritability	___	___
Diabetes	___	___	Insecurity	___	___
High blood pressure	___	___	Problems with friends	___	___
Numbness	___	___	Money problems	___	___
Tingling	___	___	Problems at work	___	___
General body pain	___	___	Poor self-esteem	___	___
Skin rash	___	___	Drinking problems	___	___
Sex problems	___	___	Drug problems	___	___
Nightmares	___	___	Loss of interest in life	___	___
Memory changes	___	___	Suspiciousness	___	___
Poor concentration	___	___	Feelings of discrimination	___	___
Marital problems	___	___	Problems with supervisors	___	___
Mood changes	___	___	Strange happenings	___	___
Hearing voices	___	___	Visual problems	___	___
Fainting spells	___	___	Blackouts	___	___
Hearing loss	___	___	Swelling of joints	___	___

33. What are your plans for the future?

34. Please list in detail your major concerns these days (for example, physical pain, arguing with spouse, money problems, etc.).

1.

2.

3.

4.

35. Transportation issues:

36. What are your expectations regarding our work together? What do you hope to accomplish?
