



REED CHIROPRACTIC

Patient Name: _____

Date: ____/____/____

Loss of Enjoyment & Duties under Duress ③

Complete the questionnaire as it relates to how your injury/injuries affect your performance of everyday activities and/or work activity. Place a check in front of the **living or work duties that are painful or difficult for you to perform as a result of the injuries**. Also check the appropriate box designating reason for difficulty or limitation.

N/A Work Activity - Reason for the Difficulty/Limitation

- Lifting: Increased Pain Restricted Movement Weakness Cannot Perform
- Bending: Increased Pain Restricted Movement Weakness Cannot Perform
- Sitting: Increased Pain Restricted Movement Weakness Cannot Perform
- Walking: Increased Pain Restricted Movement Weakness Cannot Perform
- Computer Duties: Increased Pain Restricted Movement Fatigue Cannot Perform
- Other: _____ Increased Pain Restricted Movement Weakness Cannot Perform
- Other: _____ Increased Pain Restricted Movement Weakness Cannot Perform
- Other: _____ Increased Pain Restricted Movement Weakness Cannot Perform

N/A Studies/School - Reason for the Difficulty/Limitation

- Lifting: Increased Pain Restricted Movement Weakness Cannot Perform
- Bending: Increased Pain Restricted Movement Weakness Cannot Perform
- Sitting: Increased Pain Restricted Movement Weakness Cannot Perform
- Walking: Increased Pain Restricted Movement Weakness Cannot Perform
- Computer Duties: Increased Pain Restricted Movement Fatigue Cannot Perform
- Studying: Increased Pain Restricted Movement Fatigue Cannot Perform
- Other: _____ Increased Pain Restricted Movement Weakness Cannot Perform
- Other: _____ Increased Pain Restricted Movement Weakness Cannot Perform
- Other: _____ Increased Pain Restricted Movement Weakness Cannot Perform

N/A Domestic Duties - Reason for the Difficulty/Limitation

- Vacuuming: Increased Pain Restricted Movement Fatigue Cannot Perform
- Taking Care of Children/Others: Increased Pain Restricted Movement Fatigue Cannot Perform
- Cleaning: Increased Pain Restricted Movement Fatigue Cannot Perform
- Laundry: Increased Pain Restricted Movement Fatigue Cannot Perform
- Preparing Meals: Increased Pain Restricted Movement Fatigue Cannot Perform
- Other: _____ Increased Pain/Anxiety Restricted Movement Fatigue Cannot Perform
- Other: _____ Increased Pain/Anxiety Restricted Movement Fatigue Cannot Perform
- Other: _____ Increased Pain/Anxiety Restricted Movement Fatigue Cannot Perform

N/A Household Duties - Reason for the Difficulty/Limitation

- Yardwork: Increased Pain Restricted Movement Fatigue Cannot Perform
- Transportation: Increased Pain/Anxiety Restricted Movement Fatigue Cannot Perform
- Shopping: Increased Pain/Anxiety Restricted Movement Fatigue Cannot Perform
- Taking Out Trash: Increased Pain Restricted Movement Weakness Cannot Perform
- Other: _____ Increased Pain/Anxiety Restricted Movement Fatigue Cannot Perform
- Other: _____ Increased Pain/Anxiety Restricted Movement Fatigue Cannot Perform
- Other: _____ Increased Pain/Anxiety Restricted Movement Fatigue Cannot Perform

N/A Sports - Reason for the Difficulty/Limitation

- Sport: _____ Increased Pain Restricted Movement Weakness Cannot Perform
- Pre-Accident Level of Participation: Socially Competitively Professional
- Sport: _____ Increased Pain Restricted Movement Weakness Cannot Perform
- Pre-Accident Level of Participation: Socially Competitively Professional
- Sport: _____ Increased Pain Restricted Movement Weakness Cannot Perform
- Pre-Accident Level of Participation: Socially Competitively Professional

Patient Signature: _____ Date: ____/____/____