Name: _____DOB: _____/_____/_____ Age:_____

Preferred Pharmacy: _____

Chief Complaint: _____

When did problem begin: _____ Which Side: Right Left

How did the pain begin: _____ Does it wake you up at night: Yes No

What makes the pain worse: _____

What have you tried to make the pain better (circle all that apply)?

Rest	Ice	Heat	Compressive sleeve or wrap
Changing your activities	Home exercises or stretching	Formal physical therapy	Wearing a brace
Tylenol	OTC NSAIDs (aleve, ibuprofen, motrin, naproxen)	Topical creams (voltaren, icy hot, lidocaine, etc)	Prescription meds (meloxicam, celebrex, etc)
Steroid injections	Gel injections	Other joint injections	Nerve blocks

How has your body weight been in the last year (circle)? Gained Stable Lost

Have you had any (circle): X-rays MRI CT scan BoneScan EMG Other: _____

When: _____ Where: _____

Tobacco use (Circle): No Yes-details:_____

Alcohol use (circle): None Infrequent Weekly-details: _____

Medical History/Problems: _____

_____

Previous Surgeries: _____

Please list all medications, vitamins, over-the-counter pain relievers, etc. taken regularly

_____

_____

_____

Drug, Tape, or Dye allergies: _____

Are you interested in any of the following preventative health treatments? (circle)

Osteoporosis Falls-Prevention Weight-Management Smoking-Cessation

THE VETERANS RAND 12 ITEM HEALTH SURVEY (VR-12)

Instructions: This questionnaire 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 answer as indicated. If you are unsure how to answer a question, please give the best answer you can.

(Circle one number on each line)

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

EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
1	2	3	4	5

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?	YES, LIMITED A LOT	YES, LIMITED A LITTLE	NO, NOT LIMITED AT ALL
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	1	2	3
b. Climbing several flights of stairs?	1	2	3

3. 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?

	NO, NONE OF THE TIME	YES, A LITTLE OF THE TIME	YES, SOME OF THE TIME	YES, MOST OF THE TIME	YES, ALL OF THE TIME
a. Accomplished less than you would like.	1	2	3	4	5
b. Were limited in the kind of work or other activities.	1	2	3	4	5

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 any emotional problems (such as feeling depressed or anxious)?

	NO, NONE OF THE TIME	YES, A LITTLE OF THE TIME	YES, SOME OF THE TIME	YES, MOST OF THE TIME	YES, ALL OF THE TIME
a. Accomplished less than you would like.	1	2	3	4	5
b. Didn't do work or other activities as carefully as usual.	1	2	3	4	5

5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and house work)?

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1	2	3	4	5

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.

6. How much of the time during the past 4 weeks:

	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. Have you felt calm and peaceful?	1	2	3	4	5	6
b. Did you have a lot of energy?	1	2	3	4	5	6
c. Have you felt downhearted and blue?	1	2	3	4	5	6

7. 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.)?

ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
1	2	3	4	5

Now, we'd like to ask you some questions about how your health may have changed.

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

MUCH BETTER	SLIGHTLY BETTER	ABOUT THE SAME	SLIGHTLY WORSE	MUCH WORSE
1	2	3	4	5

9. Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) now?

MUCH BETTER	SLIGHTLY BETTER	ABOUT THE SAME	SLIGHTLY WORSE	MUCH WORSE
1	2	3	4	5

Thank you for completing this questionnaire. If you have any questions or concerns about your results, mail your completed form to: Population Health – Health Risk Assessment, 2001 Fourth Ave., San Diego, CA 92101.