

# Social History Questionnaire

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## OCCUPATION

**Job Title:** \_\_\_\_\_ **Work Hours Per Day:** \_\_\_\_\_

**Max Lifting Req't:** Sed(<5 lbs) \_\_\_ Light (5-20 lbs) \_\_\_ Med (20-50lbs) \_\_\_ Hvy (>50 lbs)

**Lifting Frequency:** Constant (66-100%of day) \_\_\_ Frequent (33-66% of day) \_\_\_ Occasional (0-33% of day) \_\_\_

**Lifting Postures:** Knee \_\_\_ Torso \_\_\_ Arm \_\_\_ Shoulder \_\_\_ Off Posture \_\_\_

### **Work Activity Postures:**

Sitting: _____ Hrs per day	Standing: _____ Hours per day	Walking: _____ Hrs per day
Climbing: _____ Hrs per day	Pushing: _____ Hours per day	Pulling: _____ Hrs per day
Kneeling: _____ Hrs per day	Reaching: _____ Hours per day	Twisting: _____ Hrs per day

### **Repetitive Activities:**

Computer: _____ Hrs per day	Phone: _____ Hours per day	Machinery: _____ Hrs per day
Hand Tools: _____ Hrs per day	Assembly: _____ Hours per day	Grasping: _____ Hrs per day
Other: _____		_____ Hrs per day

**Impact of Current Condition on Work Capacity:** No Effect \_\_\_ Painful \_\_\_ Limits \_\_\_ Unable \_\_\_

## RECREATIONAL ACTIVITY

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **Effect of Current Condition on Performance**

No Effect	<input type="checkbox"/>	Painful	<input type="checkbox"/>	Limits	<input type="checkbox"/>	Unable	<input type="checkbox"/>
No Effect	<input type="checkbox"/>	Painful	<input type="checkbox"/>	Limits	<input type="checkbox"/>	Unable	<input type="checkbox"/>
No Effect	<input type="checkbox"/>	Painful	<input type="checkbox"/>	Limits	<input type="checkbox"/>	Unable	<input type="checkbox"/>
No Effect	<input type="checkbox"/>	Painful	<input type="checkbox"/>	Limits	<input type="checkbox"/>	Unable	<input type="checkbox"/>
No Effect	<input type="checkbox"/>	Painful	<input type="checkbox"/>	Limits	<input type="checkbox"/>	Unable	<input type="checkbox"/>

## DAILY ACTIVITIES

Washing/Bathing

No Effect  Painful  Limits  Unable

### **Household Chores**

Sweeping/Vacuuming

No Effect  Painful  Limits  Unable

Dishes

No Effect  Painful  Limits  Unable

Laundry

No Effect  Painful  Limits  Unable

Yardwork

No Effect  Painful  Limits  Unable

Garbage

No Effect  Painful  Limits  Unable

Other: \_\_\_\_\_

No Effect  Painful  Limits  Unable

Climbing Steps

No Effect  Painful  Limits  Unable

Lifting Groceries

No Effect  Painful  Limits  Unable

Dressing

No Effect  Painful  Limits  Unable

Sleep

No Effect  Painful  Limits  Unable

Driving

No Effect  Painful  Limits  Unable

Concentration (Reading)

No Effect  Painful  Limits  Unable

Sexual Activity

No Effect  Painful  Limits  Unable