Sports Medicine
University of Colorado

CU Sports Clinic Health
Assessment – Updated: 09/03

Patient Label

311 Mapleton Ave, Boulder, CO 80304

Please fill out the entire form:

CONFIDENTIAL MEDICAL QUESTIONNAIRE – Established

Patient Name: _____ DOB: _____ Age: _____

Occupation: _____ PCP: _____ Referred by: _____

Highest grade completed: _____ Grade School _____ High School _____Postgraduate

Do you have any cultural or spiritual beliefs that will affect treating your condition? ☐ Yes ☐ No If yes: _____

Do you have any physical/mental barriers that make it hard for you to learn? ☐ Yes ☐ No If yes: _____

How do you learn best? ☐ Hearing information ☐ Reading/seeing information ☐ Having something demonstrated for you

Have you every been abused physically, verbally or sexually; harmed or felt threatened by someone at home/work? ____Y ____N

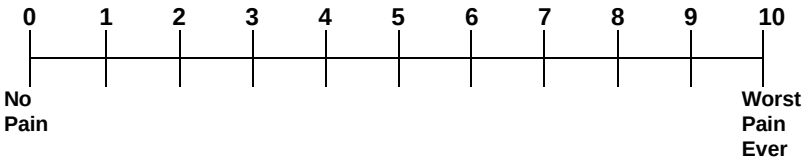
CHIEF COMPLAINT

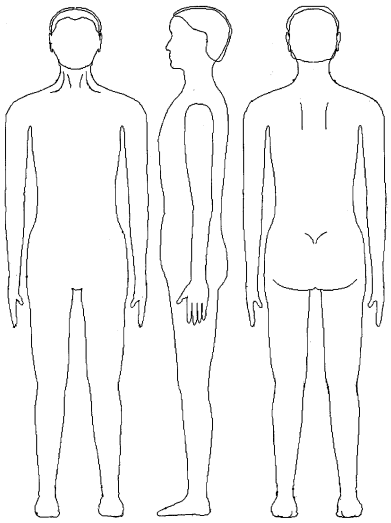
Date of injury or onset of symptoms: _____

Describe the injury or problem: _____
_____
_____

Pain: (check all that apply) ☐ dull ☐ sharp ☐ stabbing ☐ burning ☐ achy ☐ throbbing ☐ shooting ☐ squeezing ☐ pressure ☐ crampy

Using the following scale, please rate how bad your pain is today:





Where is your pain? Mark the drawing.

What makes it better? _____

What makes it worse? _____

Pain at Best: 0 1 2 3 4 5 6 7 8 9 10

Pain at Worst: 0 1 2 3 4 5 6 7 8 9 10

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

a. Moderate activities, such as moving a table, pushing a vacuum, bowling or playing golf:

____Very Limited ____Somewhat Limited ____Not Limited

b. Climbing several flights of stairs:

____Very Limited ____Somewhat Limited ____Not Limited

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?

a. Accomplished less than you would like _____Yes _____No

b. Limited in the type of work/activities _____Yes _____No

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 emotional problems (such as feeling depressed or anxious)?

a. Accomplished less than you would like _____Yes _____No

b. Didn't do work or other activities as carefully as usual _____Yes _____No

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and daily household activities)?

___Extremely Limited ___Mostly Limited ___Somewhat Limited ___Slightly Limited ___Not Limited

These questions pertain to how you feel and your activities during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. 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	Not at All
a. Have you felt calm and peaceful?						
b. Did you have a lot of energy?						
c. Have you felt downhearted and blue?						

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

___All of the Time ___Most of the Time ___Some of the Time ___A Little of the Time ___None of the Time

Please check if you have experienced any of the following over the last month:

____Fever	____Stomach Pain, Heartburn	____Loss of Balance
____Weight Change (10lbs)	____Nausea, Vomiting	____Muscle/Joint Pain or Aches
____Skin Problems	____Constipation	____Swelling of a Joint
____Diarrhea	____Muscle Weakness	____Headaches
____Shortness of Breath, Wheezing	____Ears, Nose, Throat Problems	____Use of Drugs Not Sold in Stores

During the past year indicate how often you performed each activity listed below when in your healthiest and most active state.

	Less than	Once a	Once a	2 or 3 Times	4 + Times a

	Once a Month	Month	Week	a Week	Week
Running: while playing a sport or jogging					
Cutting: changing directions while running					
Decelerating: coming to a quick stop while running					
Pivoting: turning your body with your foot planted while playing a sport—skiing, skating, kicking, throwing, hitting a ball					