

Substance Survey

Patient Name _____ Date _____

Please list current prescriptions, the dosage, and the diagnosis:

Rx: _____	Dx: _____
Rx: _____	Dx: _____
Rx: _____	Dx: _____
Rx: _____	Dx: _____

Please list any over-the-counter medications currently taking, the dosage and frequency:

Medication	Symptom	Occasion, often, daily
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any vitamins, supplements, herbs or homeopathic remedies:

Supplement	Amount taken daily	Duration of use
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list daily intake of the following:

_____	Coffee
_____	Tea
_____	Soft drinks
_____	Candy
_____	Cigarettes/cigars
_____	Alcohol
_____	Antacids
_____	Other

List other tobacco/drugs in use:

List desserts and snacks for the past two weeks: _____

Patient Name _____

Date _____

Check each of the activities which you have difficulty performing and/or can perform only with pain.

Housework

- _____ Doing laundry
- _____ Making beds
- _____ Vacuuming/sweeping
- _____ Washing dishes
- _____ Ironing
- _____ Carrying groceries
- _____ Other _____

Personal Grooming

- _____ Combing hair
- _____ Shaving
- _____ In/Out bathtub
- _____ Brushing teeth
- _____ Other _____

Yardwork

- _____ Mowing lawn
- _____ Raking leaves
- _____ Gardening

Travel

- _____ Driving
- _____ Riding
- _____ Getting in/out of car

Minutes per day:

- _____ Auto/Truck
- _____ Train/Bus
- _____ Airplane

General

- | | |
|---------------------------|---------------------------|
| _____ Walking | _____ Using keyboards |
| _____ Standing | _____ Kneeling |
| _____ Running | _____ Exercising |
| _____ Sitting | _____ Sexual intercourse |
| _____ Bending | _____ Lifting children |
| _____ Climbing stairs | _____ Sleeping/lying down |
| _____ Chewing | _____ Using telephone |
| _____ Sitting in recliner | _____ Reading |
| _____ Sports _____ | |

Other activities that cause difficulty and/or pain: _____