

# MADEIRA CHIROPRACTIC AND REHABILITATION

ALFRED L. MADEIRA, DC  
STEVEN W. CHAPMAN, DPT

1124 KENNEBECK DRIVE • CHAMBERSBURG PA 17201  
PHONE: 717-263-8919 • FAX 717-263-2655

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: \_\_\_\_/\_\_\_\_/\_\_\_\_