

Three Question Questionnaire

Please Answer The Following Questions:

Patient's Name: _____

Date: ____ / ____ / ____

Name of Employer: _____

How long have you worked at this job? _____

What is your Job Description? _____

Date of Injury: ____ / ____ / ____ Date Last Worked: ____ / ____ / ____ Height: _____ Weight: _____

Name of Supervisor: _____

Where is your pain? _____ Back or Above Knee Only _____ Below Knee also

In your estimation, what are the chances that you will not be able to resume work in six months?
(circle one number)

0	1	2	3	4	5	6	7	8	9	10
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No Chance

Very Large
Chance

How much has your pain interfered with your ability to plan activities?
(circle one number)

0	1	2	3	4	5	6	7	8	9	10
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No Chance

Very Large
Chance