

Evidence-Based Chiropractic Protocols

Applying the Science of Spinal Motion, Sensori-Motor Neurology, and Health

SHA Questionnaire

1) On average, over the past 30 days I have used medication to treat HEADACHE, PAIN, OR INFLAMMATION the following number of DAYS per WEEK:

0 1 2 3 4 5 6 7

2) I am currently using medication to treat PAIN, INFLAMMATION, or HEADACHE:

Yes No

3) On average, over the past 30 days has PAIN limited your ability to READ?

Never Seldom Sometimes Often Always

4) On average, over the past 30 days has PAIN limited your ability to CONCENTRATE?

Never Seldom Sometimes Often Always

5) On average, over the past 30 days has PAIN limited your ability to SIT?

Never Seldom Sometimes Often Always

6) On average, over the past 30 days has PAIN limited your ability to SLEEP

Never Seldom Sometimes Often Always

7) On average, over the past 30 days has PAIN limited your ability to ENGAGE IN SOCIAL INTERACTION?

Never Seldom Sometimes Often Always

8) On average, over the past 30 days has LACK OF FUNCTIONAL ABILITY (loss of mobility, balance, strength) limited your ability to ENGAGE IN SOCIAL INTERACTION?

Never Seldom Sometimes Often Always

9) On average, over the past 30 days has PAIN limited your ability to conduct PERSONAL GROOMING/LOOK AFTER YOURSELF?

Never Seldom Sometimes Often Always

10) On average, over the past 30 days has LACK OF FUNCTIONAL ABILITY (loss of mobility, balance, strength) limited your ability to conduct PERSONAL GROOMING/LOOK AFTER YOURSELF?

Never Seldom Sometimes Often Always

11) On average, over the past 30 days has PAIN limited your ability to LIFT HEAVY OBJECTS?

Never Seldom Sometimes Often Always

12) On average, over the past 30 days has LACK OF FUNCTIONAL ABILITY (loss of mobility, balance, strength) limited your ability to LIFT HEAVY OBJECTS?

Never Seldom Sometimes Often Always

13) On average, over the past 30 days has PAIN limited your ability to STAND?

Never Seldom Sometimes Often Always

14) On average, over the past 30 days has LACK OF FUNCTIONAL ABILITY (loss of mobility, balance, strength) limited your ability to STAND?

Never Seldom Sometimes Often Always

15) On average, over the past 30 days has PAIN limited your ability to WORK/ATTEND SCHOOL?

Never Seldom Sometimes Often Always

16) On average, over the past 30 days has LACK OF FUNCTIONAL ABILITY (loss of mobility, balance, strength) limited your ability to WORK/ATTEND SCHOOL?

Never Seldom Sometimes Often Always

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- 17) On average, over the past 30 days has PAIN limited your ability to OPERATE A VEHICLE safely and comfortably?
 Never Seldom Sometimes Often Always
- 18) On average, over the past 30 days has LACK OF FUNCTIONAL ABILITY (loss of mobility, balance, strength) limited your ability to OPERATE A VEHICLE safely (eg. perform shoulder check etc.)?
 Never Seldom Sometimes Often Always
- 19) On average, over the past 30 days has PAIN limited your ability to ENGAGE IN RECREATIONAL ACTIVITIES?
 Never Seldom Sometimes Often Always
- 20) On average, over the past 30 days has LACK OF FUNCTIONAL ABILITY (loss of mobility, balance, strength) limited your ability to ENGAGE IN RECREATIONAL ACTIVITIES?
 Never Seldom Sometimes Often Always
- 21) On average, over the past 30 days I would rate my overall DAILY PHYSICAL PAIN level as:
 0 1 2 3 4 5 6 7 8 9 10
No Pain at All Worst Pain Poss.
- 22) On average, over the past 30 days I would rate my average overall FUNCTIONAL ABILITY (mobility, balance, strength) to perform physical activities of daily living as:
 0 1 2 3 4 5 6 7 8 9 10
Very Low Very High
- 23) I would rate my TYPICAL level of PAIN in the past week as:
 0 1 2 3 4 5 6 7 8 9 10
No Pain at All Worst Pain Poss.
- 24) I would rate my TYPICAL FUNCTIONAL ABILITY (mobility, balance, strength) to perform physical activities of daily living in the past week as:
 0 1 2 3 4 5 6 7 8 9 10
Very Low Very High
- 25) On average, over the past 30 days, I have supplemented with a MINIMUM of 1000 IUs of VITAMIN D3 per 40 pounds/18 kilograms of body weight the following number of DAYS per WEEK:
 0 1 2 3 4 5 6 7
- 26) On average, over the past 30 days, I have supplemented with a MINIMUM of 450 milligrams of EPA and 300 milligrams of DHA per 40 pounds/18 kilograms of body weight from an UNCONCENTRATED, NATURAL TRIGLYCERIDE, FULL FATTY ACID COMPLEMENT OMEGA-3 FISH OIL the following number of DAYS per WEEK (If you don't supplement with Omega-3 at all, indicate your score as 0):
 0 1 2 3 4 5 6 7
- 27) On average, over the past 30 days, I have performed at least 30 minutes of AEROBIC exercise (e.g. brisk walking, hiking, biking, jogging, swimming, etc.) the following number of DAYS per WEEK.
 0 1 2 3 4 5 6 7

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28) On average, over the past 30 days, I have performed SPINAL CONDITIONING exercises (exercises to strengthen spinal postural muscles) and SPINAL HYGIENE exercises (exercises to improve range of motion and posture) the following number of DAYS per WEEK:

0 1 2 3 4 5 6 7

29) On average, over the past 30 days, I have performed RESISTANCE exercise sessions the following number of DAYS per WEEK:

0 1 2 3+

30) On average, over the past 30 days, I typically SIT at work/school, commuting, and during my leisure time for the following number of combined HOURS per DAY (only count the hour if you do NOT get up and take a spinal mobility break in that hour):

0 1 2 3 4 5 6 7 8 9 10+

31) During my lifetime, I have suffered the following number of SIGNIFICANT SPINAL TRAUMAS or INJURIES (from falls, accidents, work or sport activities, etc.) that have resulted in neck or back pain, and/or the need to limit activities for more than one week and for which I did not receive at least 12 visits of acute chiropractic care in the first 6 weeks following the injury/trauma:

0 1 2 3 4+

32) I have had a chiropractic spinal health exam within the past 12 months.

Yes No

33) I have been regularly following a professionally prescribed spinal health and fitness plan for the past number of months:

0 3 6 9 12

34) On average, over the past 30 days, I would rate my overall level of PSYCHOLOGICAL/EMOTIONAL STRESS as:

0 1 2 3 4 5 6 7 8 9 10
Very Low Very High

35) On average, over the past 30 days, I have consumed/used TOBACCO PRODUCTS (cigarettes, chewing tobacco, pipes, cigars) the following number of times per DAY:

0 1 2 3 4+