

**Modified Social Function Questionnaire (after HSQ-12)**

1) Your current state of health is :

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Lately, is your health status limiting your activities in any way? If so, how much?

2) Are light activities limited? ( i.e. dressing, socializing, visiting friends, shopping etc.):

☐ No, not limited at all ☐ Yes, limited a little ☐ Yes, limited a lot

3) Are moderate activities limited? (i.e. moving a table, pushing a vacuum, bowling or playing golf):

☐ No, not limited at all ☐ Yes, limited a little ☐ Yes, limited a lot

4) Are vigorous activities limited? (i.e. carrying heavy items or heavy exercising or competing in sports):

☐ No, not limited at all ☐ Yes, limited a little ☐ Yes, limited a lot

Lately, as a result of physical problems, (such as pain, fatigue, weakness etc) have you:

5) Accomplished less than you would like? ☐ No ☐ Yes

6) Been limited in your activities? ☐ No ☐ Yes

Lately, as a result of mental or emotional problems, (i.e. feeling depressed, anxious, angry, "stressed-out" etc.) have you:

7) Accomplished less than you would like? ☐ No ☐ Yes

8) Not been able to concentrate as much as usual? ☐ No ☐ Yes

9) Lately, you have felt calm and peaceful...

☐ Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never

10) Lately, you have had a lot of energy...

☐ Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never

11) Lately, you have felt downhearted or 'blue' or angry or anxious...

☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Always

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**Collins Physical Function Questionnaire (Copyright John J. Collins, DC)**

**My Ability To SIT is:**

- Not Limited
- Mildly Limited
- Moderately Limited
- Severely Limited
- Completely Limited

**My Ability To STAND is:**

- Not Limited
- Mildly Limited
- Moderately Limited
- Severely Limited
- Completely Limited

**My Ability To LIFT/ CARRY is:**

- Not Limited
- Mildly Limited
- Moderately Limited
- Severely Limited
- Completely Limited

**My Ability To BEND is:**

- Not Limited
- Mildly Limited
- Moderately Limited
- Severely Limited
- Completely Limited

**My Ability To WALK is:**

- Not Limited
- Mildly Limited
- Moderately Limited
- Severely Limited
- Completely Limited

**My Ability To SLEEP is:**

- Not Limited
- Mildly Limited
- Moderately Limited
- Severely Limited
- Completely Limited

Patient Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Patient: Do not write below this line)

MSFQ SCORE: \_\_\_\_\_ (0=No disability, 25= Severe disability)

CPFQ SCORE: \_\_\_\_\_ (0=No disability, 24= Total physical disability)