

# Back to Back Chiropractic Inc New Patient Health History Form

9

## The Tampa Scale

In these days of high-tech medicine, one of the most important sources of information about you is often missing from your medical records; your own feelings or intuitions about what is happening with your body. We hope that the following information will help to fill that gap. Please answer the following questions according to the scale below. Please answer according to your true feelings, not according to what others think you should believe. This is not a test of medical knowledge; we want to know how you see it.

Circle the number next to each question that best corresponds to how you feel.

Read each question and circle the number that best corresponds to how you feel.

**SD = Strongly Disagree   D = Disagree   A = Agree   SA = Strongly Agree**

	<b>SD</b>	<b>D</b>	<b>A</b>	<b>SA</b>
1. I'm afraid that I might injure myself if I exercise.....	1	2	3	4
2. If I were to try to overcome it, my pain would increase.....	1	2	3	4
3. My body is telling me I have something dangerously wrong.	1	2	3	4
4. People aren't taking my medical condition seriously enough.	1	2	3	4
5. My pain problem has put my body at risk for the rest of my life.....	1	2	3	4
6. Pain always means I have injured my body.....	1	2	3	4
7. Simply being careful that I do not make any unnecessary movements is the safest thing I can do to prevent my pain from worsening.....	1	2	3	4
8. I wouldn't have this much pain if there weren't something potentially dangerous going on in my body.....	1	2	3	4
9. Pain lets me know when to stop exercising so that I don't injure myself.....	1	2	3	4
10. I can't do all the things normal people do because it's too easy for me to get injured.....	1	2	3	4
11. No one should have to exercise when she/he is in pain.....	1	2	3	4

**Thank you for taking the time to answer these questions about you!**