PAIN ASSESSMENT/NUTRITIONAL ASSESSMENT **Maumee Valley Guidance Center**

Client Name	**Date**

Please answer the following questions.

PAIN ASSESSMENT:

Are you currently having any pain symptoms? ___YES ____NO If yes, explain:
Have you previously received treatment for pain symptoms? ___YES ___ NO If yes, explain:

NUTRITIONAL ASSESSMENT:

Do you have FOOD Allergies? ____YES ____NO IF YES List:
Have you had a weight loss or gain of 10 pounds in last 3 months? _____YES _____NO If YES explain:
Have you had a decrease in food intake and/or appetite? ____YES _____NO If YES explain:
Do you have any Dental Problems? _____YES _____NO If YES explain:
Do you Binge eat or induce Vomiting? _____YES _____NO If YES explain:

OUTCOMES **Maumee Valley Guidance Center**

Client Name	Case Number	Date

Please Score the following questions:

	Strongly Agree 1	Agree 2	I am Neutral 3	Disagree 4	Strongly Disagree 5	N/A
I deal more effectively with daily problems						
I am better able to control my life						
I am better able to deal with crises						
I am getting along better with my family						
I do better in social situations						
I do better in school and/or work						
My symptoms are not bothering me as much						

Public Domain Survey Version 2/9/2006 by Mental Health Statistics Improvement Program (MHSIP) More information is available at www.mhsip.org

(MHSIP does not collect national statistics but the website contains links to organizations that may)

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