

PARTICIPANT DEMOGRAPHIC INVENTORY

PDI-25

1. Name or I.D.: _____ 2. Date: _____ 3. Age: ____ 4 Sex: Male Female

5. Current Health Complaints: _____

6. Date of Onset of Primary Condition: _____ 7. Handedness: Right Left Handed

8. Race: Caucasian, Not Hispanic Hispanic Black Asian Other : _____

9. Marital Status: Single Married Intimate Relationship Separated or Divorced Widowed

10. Total Number of Children: _____ 11. Are You Pregnant Now? Yes No

12. Place of Birth: _____ 13. Date of Birth: _____

14. Highest Level of Education: High School Some College Bachelor’s Degree Graduate Degree

15. Occupation: _____

16. Annual Income: \$1,000 - \$20,000 \$21,000 - \$40,000 \$41,000 - \$60,000 \$61,000 or More

17. Occupational Status: Working Full Time Part Time Work Student Disability Not Working

18. Health Care Providers Seen in Last Year: Medical Doctor Chiropractic Doctor Acupuncturist

Dentist Naturopath Nurse Physical Therapist Psychotherapist Other _____

19. Are you involved with any Litigation? No Insurance Company Disability Workman’s Comp

Personal Injury Other: _____ Comments: _____

20. Please list the **Drug Name** and daily **Dosage** of all the medications you are currently taking:

21. Average number of minutes engaged in **Physical Exercise** each day: _____ minutes

22. Average number of minutes engaged in **Deep Relaxation or Meditation** each day: _____ minutes

23. Average number of **Cigarettes Smoked** each day: _____ cigarettes

24. Average number of **Alcoholic Drinks** consumed each day: _____ drinks

25. Average number of hours per day that you experienced **Primary Symptoms**: _____ hours

[Office Use Only:] Clinic ID: _____

Practitioner ID: _____