

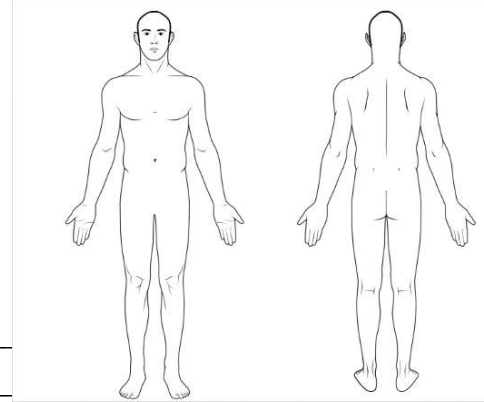


# Symptom Questionnaire

Name: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ **Please Mark Areas of Pain**

## What Are Your Main Complaints?

- Headaches     Neck Pain     Middle Back     Low Back  
 Jaw Pain     Elbow Pain L / R     Wrist Pain L / R  
 Knee Pain L / R     Hip Pain L / R     Shoulder Pain L / R  
 Ankle Pain / Foot Pain L / R     Difficulty Sleeping  
 Numbness / Tingling - In what area? \_\_\_\_\_  
 Other: \_\_\_\_\_



Today, are your symptoms:     Better     Worse     The same

What is your pain level today? (0 is no pain & 10 is the worst pain)

0     1     2     3     4     5     6     7     8     9     10

What activities do you have difficulty performing?

Sit     Sleep     Walk     Stand     Up & Down     Run     Bend     Twist     Drive     Climb

What is the frequency of your pain?

Intermittent 0-24%     Occasional 25-50%     Frequent 51-75%     Constant 76-100%

Do you have any of the following that contribute to your problems?

Stress     Pregnancy     Job Requirements (Lifting, Sitting, Desk Work)     Work Schedule  
 Transportation problems     Sports / Hobbies     Other \_\_\_\_\_

Do you have any of the following that aggravate your condition?

Emotional State     Overweight     Chronic Pain     Arthritis     Fibromyalgia     TMJ  
 Headaches     Insomnia     Prior Surgery (implants, pacemaker)     Other \_\_\_\_\_

## Tell Us More About Your Worst Complaint From The List Above

Complaint #1: \_\_\_\_\_ Does the pain travel? \_\_\_\_\_

When did this problem start? \_\_\_\_\_ Have you had the problem before? \_\_\_\_\_

Describe The Pain:  Sharp     Dull     Aching     Stabbing     Burning     Throbbing     Nagging  
 Tight     Tender     Numbness     Tingling     Stiff     Cramping     Other \_\_\_\_\_

What makes the pain better? \_\_\_\_\_ Worse? \_\_\_\_\_

Complaint #2: \_\_\_\_\_ Does the pain travel? \_\_\_\_\_

When did this problem start? \_\_\_\_\_ Have you had the problem before? \_\_\_\_\_

Describe The Pain:  Sharp     Dull     Aching     Stabbing     Burning     Throbbing     Nagging  
 Tight     Tender     Numbness     Tingling     Stiff     Cramping     Other \_\_\_\_\_

What makes the pain better? \_\_\_\_\_ Worse? \_\_\_\_\_

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Complaint #3: \_\_\_\_\_ Does the pain travel? \_\_\_\_\_  
When did this problem start? \_\_\_\_\_ Have you had the problem before? \_\_\_\_\_  
Describe The Pain: \_\_\_ Sharp \_\_\_ Dull \_\_\_ Aching \_\_\_ Stabbing \_\_\_ Burning \_\_\_ Throbbing \_\_\_ Nagging  
\_\_\_ Tight \_\_\_ Tender \_\_\_ Numbness \_\_\_ Tingling \_\_\_ Stiff \_\_\_ Cramping \_\_\_ Other \_\_\_\_\_  
What makes the pain better? \_\_\_\_\_ Worse? \_\_\_\_\_

Complaint #4: \_\_\_\_\_ Does the pain travel? \_\_\_\_\_  
When did this problem start? \_\_\_\_\_ Have you had the problem before? \_\_\_\_\_  
Describe The Pain: \_\_\_ Sharp \_\_\_ Dull \_\_\_ Aching \_\_\_ Stabbing \_\_\_ Burning \_\_\_ Throbbing \_\_\_ Nagging  
\_\_\_ Tight \_\_\_ Tender \_\_\_ Numbness \_\_\_ Tingling \_\_\_ Stiff \_\_\_ Cramping \_\_\_ Other \_\_\_\_\_  
What makes the pain better? \_\_\_\_\_ Worse? \_\_\_\_\_