

**INTENSITY** of your pain or symptom using a scale of **1 - 4**

**1) Pain does not limit me 2) Pain limits me a little 3) Pain limits me a lot 4) Pain limits me completely**

**FREQUENCY** of your pain or symptom using the following scale

**25%) Pain present 0-1/4 the time 50%) Pain present 1/2 the time 75%) Pain present 3/4 the time 100%) Pain is constant**

**GENERAL SYMPTOMS:** (Circle as many as apply)

- A) Nervousness B) Irritability C) Fatigue D) Depression  
 E) Loss of Sleep F) Tension G) PMS H) Jaw Pain  
 Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%

**HEADACHE:** (Circle as many as apply)

- Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%  
 How often: 1 2 3 4 5 6 Times per Day / Wk / Mo  
 Are they: 1) Sharp 2) Dull  
 Location: 1) Back of head 2) Forehead  
 3) Temples 4) Rt. Side  
 5) Lft. Side 6) Behind eyes

- A) Light headed B) Memory Loss C) Fainting  
 D) Blurred vision E) Double vision F) Sensitivity to light  
 G) Ringing in ears H) Hearing loss I) Loss of balance

**NECK:** (Circle as many as apply)

- A) Pain 1) Left 2) Right 3) Center  
 Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%  
 Increased by: 1) Forward movement 2) Backward movement  
 3) Rotate head lft. 4) Rotate head rt.  
 5) Bend neck lft. 6) Bend head rt.  
 B) Stiffness C) Muscle Spasm D) Grinding/Grating sounds

**SHOULDERS:** (Circle as many as apply)

- Intensity = 1 2 3 4 Freq= 25% 50% 75% 100%  
 A) Pain in joint 1) Left 2) Right 3) Center  
 B) Pain Across Shoulder 1) Left 2) Right 3) Center  
 C) Limitation of Motion 1) Left 2) Right 3) Center  
 D) Tension 1) Left 2) Right 3) Center

**ARMS:** (Circle as many a apply)

- Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%  
 A) Pain in Upper Arm 1) Left 2) Right  
 B) Pain in Elbow 1) Left 2) Right  
 C) Pain in Forearm 1) Left 2) Right  
 D) Pins & Needles (Arm) 1) Left 2) Right  
 E) Pins & Needles (Forearm) 1) Left 2) Right

**HANDS:** (Circle as many as apply)

- Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%  
 A) Pain in Wrist 1) Left 2) Right  
 B) Pain in Hand 1) Left 2) Right  
 C) Pins & Needles (Hand) 1) Left 2) Right  
 D) Numbness (Hand) 1) Left 2) Right

**MID-BACK:** (Circle as many as apply)

- A) Pain 1) Left 2) Right 3) Center  
 Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%  
 Pain Type: 1) Sharp/Stabbing 2) Dull Ache  
 B) Shoulderblade Pain: 1) Left 2) Right 3) Center  
 Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%  
 C) Rib Pain 1) Left 2) Right 3) Center  
 Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%  
 D) Muscle Spasm 1) Left 2) Right 3) Center

**CHEST:** (Circle as many as apply)

- A) Deep Chest Pain 1) Left 2) Right 3) Center  
 Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%  
 B) Pain around Ribs 1) Left 2) Right  
 Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%  
 C) Shortness of Breath D) Irregular Heartbeat

**LOW-BACK:** (Circle as many as apply)

- A) Low-back Pain Left 2) Right 3) Center  
 B) Tailbone Pain Left 2) Right 3) Center  
 C) Muscle Spasm Left 2) Right 3) Center  
 Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%

**HIPS AND LEGS:** (Circle as many as apply)

- A) Pain in Buttocks 1) Left 2) Right  
 Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%  
 B) Pain in Hip Joint 1) Left 2) Right  
 Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%  
 C) Pain Down Leg 1) Left 2) Right  
 Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%  
 Location 1) Front 2) Back 3) Side  
 Pain Radiates to 1) Knee 2) Calf 3) Foot  
 D) Numbness Down Leg 1) Left 2) Right  
 Location 1) Front 2) Back 3) Side  
 E) Pins & Needles (Leg) 1) Left 2) Right  
 Location 1) Front 2) Back 3) Side  
 F) Knee Pain 1) Left 2) Right  
 Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%  
 G) Leg Cramps 1) Left 2) Right

**FEET:** (circle as many as apply)

- Intensity= 1 2 3 4 Freq= 25% 50% 75% 100%  
 A) Ankle Pain 1) Left 2) Right  
 B) Swollen Ankle 1) Left 2) Right  
 C) Foot Pain 1) Left 2) Right  
 D) Numbness of Feet 1) Left 2) Right

**Patient's Name**

**Signature**

**Date**