



SURVEY of SYMPTOMS

The following will help you rate the 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

The following will help you rate the 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%

HEAD: (Circle as many as apply)

A) Headache -

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

Where located: 1) Back of head 2) Forehead

3) Temples 4) Rt. Side

5) Lft. Side 6) Behind eyes

B) Light headed C) Memory Loss D) Fainting

E) Blurred vision F) Double vision G) Sensitivity to light

H) Loss of balance I) Hearing loss J) Ringing in ears

NECK: (Circle as many as apply)

A) Pain - 1) Left 2) Right 3) Both 4) Center

Intensity = 1 2 3 4 Freq. = 25% 50% 75% 100%

Pain 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) Both 4) Center

B) Pain Across Shoulder - 1) Left 2) Right 3) Both 4) Center

C) Limitation of Motion - 1) Left 2) Right 3) Both 4) Center

D) Tension - 1) Left 2) Right 3) Both 4) Center

ARMS: (Circle as many as apply)

Intensity = 1 2 3 4 Freq. = 25% 50% 75% 100%

A) Pain in Upper Arm - 1) Left 2) Right 3) Both

B) Pain in Elbow - 1) Left 2) Right 3) Both

C) Pain in Forearm - 1) Left 2) Right 3) Both

D) Pins & Needles (Arm) - 1) Left 2) Right 3) Both

E) Pins & Needles (Forearm) - 1) Left 2) Right 3) Both

HANDS: (Circle as many as apply)

Intensity = 1 2 3 4 Freq. = 25% 50% 75% 100%

A) Pain in Wrist - 1) Left 2) Right 3) Both

B) Pain in Hand - 1) Left 2) Right 3) Both

C) Pins & Needles (Hand) - 1) Left 2) Right 3) Both

D) Numbness (Hand) - 1) Left 2) Right 3) Both

MID-BACK: (Circle as many as apply)

A) Pain - 1) Left 2) Right 3) Both 4) 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) Both 4) Center

Intensity = 1 2 3 4 Freq. = 25% 50% 75% 100%

C) Rib Pain 1) Left 2) Right 3) Both 4) Center

Intensity = 1 2 3 4 Freq. = 25% 50% 75% 100%

D) Muscle Spasm - 1) Left 2) Right 3) Both 4) Center

CHEST: (Circle as many as apply)

A) Deep Chest Pain - 1) Left 2) Right 3) Both 4) Center

Intensity = 1 2 3 4 Freq. = 25% 50% 75% 100%

B) Pain around Ribs - 1) Left 2) Right 3) Both

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 - 1) Left 2) Right 3) Both 4) Center

B) Tailbone Pain - 1) Left 2) Right 3) Both 4) Center

C) Muscle Spasm - 1) Left 2) Right 3) Both 4) 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 3) Both

Intensity = 1 2 3 4 Freq. = 25% 50% 75% 100%

B) Pain in Hip Joint - 1) Left 2) Right 3) Both

Intensity = 1 2 3 4 Freq. = 25% 50% 75% 100%

C) Pain Down Leg - 1) Left 2) Right 3) Both

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 3) Both

Location - 1) Front 2) Back 3) Side

E) Pins & Needles (Leg) - 1) Left 2) Right 3) Both

Location - 1) Front 2) Back 3) Side

F) Knee Pain - 1) Left 2) Right 3) Both

Intensity = 1 2 3 4 Freq. = 25% 50% 75% 100%

G) Leg Cramps - 1) Left 2) Right 3) Both

FEET: (circle as many as apply)

Intensity = 1 2 3 4 Freq. = 25% 50% 75% 100%

A) Ankle Pain - 1) Left 2) Right 3) Both

B) Swollen Ankle - 1) Left 2) Right 3) Both

C) Foot Pain - 1) Left 2) Right 3) Both

D) Numbness of Feet - 1) Left 2) Right 3) Both

Patient's Name _____ Signature _____ Date _____