

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First MI Last

**Symptom #** \_\_\_\_\_ (Please check only one symptom. Additional symptom sections are available if needed.)

- Headaches  Neck Pain  Jaw Pain  Upper Back Pain  Middle Back Pain  Low Back Pain  Shoulder Pain
- Elbow Pain  Forearm Pain  Wrist Pain  Hand Pain  Thumb Pain  Hip Pain  Knee Pain  Leg Pain
- Ankle Pain  Foot Pain  Chest Pain  Other \_\_\_\_\_

Is the symptom located **LEFT, RIGHT, CENTER or BILATERAL?** (Please circle all that apply.)

**Intensity of Pain:** (No Pain) **0 1 2 3 4 5 6 7 8 9 10** (Very Intense)

**Frequency:** \_\_\_\_\_ % of awake time

**Did you experience this symptom prior to your injury?** Yes No

**What aggravates the symptom?** (Check all that apply.)

- Bending Neck Forward  Bending Neck Backward  Tilting head to Right  Tilting Head to Left
- Turning Head to Right  Turning Head to Left  Bending Forward at Waist  Bending Backward at Waist
- Tilting Left at Waist  Tilting Right at Waist  Twisting Left at Waist  Twisting Right at Waist  Sitting  Standing
- Getting up from seated position  Lifting  Any Movement  Driving  Walking  Running  Nothing
- Changing Positions  Chewing  Other \_\_\_\_\_

**What relieves the symptoms?** (Check all that apply.)

- Resting  Ice  Heat  Stretching  Exercise  Massage  Walking  Pain Medication  Muscle Relaxers
- Nothing  Other \_\_\_\_\_

**Type of Pain:** (Check all that apply.)

- Sharp  Dull  Achy  Burning  Throbbing  Piercing  Stabbing  Deep  Nagging  Shooting  Stinging
- Other \_\_\_\_\_

**When is pain worse?** (Check all that apply.)  Morning  Afternoon  Evening  Night  None

**Does the pain radiate?** Yes No If YES, where does the pain radiate? (Check all that apply.)

- Jaw  Neck  Low Back  Shoulder  Arm  Elbow  Forearm  Wrist  Hand  Fingers  Hip  Buttock
- Thigh  Leg  Knee  Ankle  Foot  Toes  Other: \_\_\_\_\_

**Additional Symptoms?** (Check any that apply.)  Dizziness  Loss of Range of Motion  Visual Disturbance

- Anxiety  Depression

*\*Additional symptom sections are available if needed.*