

Your Symptom Survey

Goong Chiropractic Clinic

NAME: _____

A = always S = sometimes N= never

DATE: _____

#	Symptom	A	S	N
1	Slight stiffness in neck and back			
2	Headaches			
3	Sinus trouble			
4	Tightness in shoulders and hips			
5	Some numbness in hands and feet			
6	Mild visual disturbances			
7	Occasional twinges of pain			
8	Cramping in legs, restless legs, growing pains			
9	Occasional gas, bloating, heartburn, digestive trouble			
10	Menstrual pain			
11	Abdominal cramping or bloating			
12	Fatigue when standing			
13	Pain that goes away with exercise			
14	Increasing stiffness in the am			
15	Numbness and tingling into arms and legs			
16	Pain across shoulders into arms			
17	Pain across hips into legs			
18	Dizziness			
19	Muscular weakness			
20	Loss of coordination			
21	Clumsiness			
22	Chest pain			
23	Stomach pain			
24	Easily irritated			
25	Groin pain			
26	Diarrhea			
27	Chronic bowel trouble			
28	The back that always goes out			
29	Exercise does alleviate pain			
30	Need for over the counter pain meds			
31	Greatly reduced motion			
32	General overall stiffness			
33	Insomnia			
34	Weight gain			
35	Sharp pain into extremities			
36	Pain for no apparent reason			
37	Exercise makes pain worse			
38	Leg and arm weakness			
39	Difficulty walking up stairs			

#	Symptom	A	S	N
40	Pain and swelling in hands or feet			
41	Increasing pelvic problems			
42	Skin conditions			
43	Severe pain, sometimes none at all			
44	Need for prescription pain meds			
45	Greatly reduced movements			
46	Atrophy and wasting of extremities			
47	Weakness in grip strength			
48	Visual and ear disturbances			
49	Face pain and numbness			
50	Bleeding of the gums			
51	Migraine headaches			
52	Chronic sinus trouble			
53	Vertebral artery insufficiency			
54	Chronic fatigue			
55	Frequent colds and infections			
56	Chronic skin conditions			
57	Los of coordination while walking			
58	Urinary difficulties			
59	Prostate trouble			
60	Depression /anxiety attacks			
61	High blood pressure			
62	Constant severe pain			
63	Need for prescription pain meds			
64	Need for prescription meds for organ dysfunction			
65	Dependant upon prescription meds			
66	Diabetes, adult on set			
67	Weight loss			
68	Heart trouble			
69	Gum and bone loss in mouth			
70	Multiple root canals			
71	Unable to exercise			
72	Too tired to eat			
73	Gallbladder removed			
74	Prostate removed			
75	Hysterectomy			
76	Difficulty walking without help			
77	Poor circulation			
78	Severe bowel and stomach trouble			
79	Severe female trouble, endometriosis			
80	Severe bladder, urinary trouble, kidney infections			