ADDITIONAL SYMPTOMS

Describe your symptoms in the sections below, in the order of severity, if possible.) Describe only ONE symptom per section.

Symptom

1. Check only one body location below

ONSET:_____

❑Headaches L❑ R❑ B❑
❑Front ❑Top ❑Back of Head

❑Jaw L❑ R❑ B❑
❑Eye L❑ R❑ B❑
❑Neck L❑ R❑ B❑
❑Upper Back L❑ R❑ B❑
❑Mid Back L❑ R❑ B❑
❑Low Back L❑ R❑ B❑
❑Chest L❑ R❑ B❑
❑Abdomen L❑ R❑ B❑
❑Ribs L❑ R❑ B❑
❑Buttocks L❑ R❑ B❑
❑Shoulder L❑ R❑ B❑
❑Upper Arm L❑ R❑ B❑
❑Forearm L❑ R❑ B❑
❑Hand L❑ R❑ B❑
❑Hip L❑ R❑ B❑
❑Leg L❑ R❑ B❑
❑Foot L❑ R❑ B❑

Other locations:_____

2. Types of pain

❑Dull ❑Sharp ❑Aching ❑Cutting
❑Throbbing ❑Burning ❑Numbing ❑Tingling ❑Cramping
❑Spasm ❑Stinging ❑Shooting ❑Pounding ❑Constricting

3. Pain Frequency

❑Up to 1/4 of awake time ❑1/4 to 1/2 of time
❑1/2 to 3/4 of awake time ❑Most all the time

4. Pain Intensity (How it affects daily activites)

❑Doesn't affect ❑Somewhat affects
❑Seriously affects ❑Prevents activities

5. Does this pain radiate into other body parts?

	Left	Right	Both
❑Head	❑	❑	❑
❑Neck	❑	❑	❑
❑Shoulder	❑	❑	❑
❑Arm	❑	❑	❑
❑Hand	❑	❑	❑
❑Hip	❑	❑	❑
❑Leg	❑	❑	❑
❑Foot	❑	❑	❑

Other locations of radiation:

Other types of pain:

_____
_____

6. Actions affecting this pain

	Brings On	Aggravates	Relieves
❑In the A.M.	❑	❑	❑
❑In the P.M.	❑	❑	❑
❑Bending forwrd.	❑	❑	❑
❑Bending back	❑	❑	❑
❑Bending left	❑	❑	❑
❑Bending right	❑	❑	❑
❑Twisting left	❑	❑	❑
❑Twisting right	❑	❑	❑
❑Coughing	❑	❑	❑
❑Sneezing	❑	❑	❑
❑Straining	❑	❑	❑
❑Standing	❑	❑	❑
❑Sitting	❑	❑	❑
❑Lifting	❑	❑	❑
Other Actions:			
_____	❑	❑	❑
	❑	❑	❑

How bad is it?

GOOD
0
1
2
3
4
5
6
7
8
9
10
BAD

Symptom

1. Check only one body location below

ONSET:_____

❑Headaches L❑ R❑ B❑
❑Front ❑Top ❑Back of Head

❑Jaw L❑ R❑ B❑
❑Eye L❑ R❑ B❑
❑Neck L❑ R❑ B❑
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❑Leg L❑ R❑ B❑
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Other locations:_____

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❑Hand	❑	❑	❑
❑Hip	❑	❑	❑
❑Leg	❑	❑	❑
❑Foot	❑	❑	❑

Other locations of radiation:

Other types of pain:

_____
_____

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❑Sneezing	❑	❑	❑
❑Straining	❑	❑	❑
❑Standing	❑	❑	❑
❑Sitting	❑	❑	❑
❑Lifting	❑	❑	❑
Other Actions:			
_____	❑	❑	❑
	❑	❑	❑

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❑Foot	❑	❑	❑

Other locations of radiation:

Other types of pain:

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❑Twisting left	❑	❑	❑
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❑Sneezing	❑	❑	❑
❑Straining	❑	❑	❑
❑Standing	❑	❑	❑
❑Sitting	❑	❑	❑
❑Lifting	❑	❑	❑
Other Actions:			
_____	❑	❑	❑
	❑	❑	❑

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