SYMPTOM SURVEY

NAME ______________________________ DATE____________________

GENERAL SYMPTOMS (check as many as apply)

	nervousness		irritability		fatigue		depression
	Loss of sleep		tension		PMS		jaw pain

HEADACHE (check those that apply):

	mild		moderate		severe

Pain Scale (1 no pain, 10 extreme pain):

1	2	3	4	5	6	7	8	9	10

How often:

1	2	3	4	5	6	7	times per day, week, month

Location:

	Back of head		Forehead		Temples
	Right side		Left side		Behind eyes

NECK (pain - check those that apply):

	mild		moderate		severe

How often:

	occasional		intermittent		frequent		constant

Pain Scale (1 no pain, 10 extreme pain):

1	2	3	4	5	6	7	8	9	10

Location:

	left side		right side		both sides

Pain type:

	Sharp		Stabbing		Dull		Ache		Burning

Do you have:

	stiffness		muscle spasms		grinding upon movement

Movement:

	stiffness		restricted movement		pain upon movement

SHOULDERS (pain - check those that apply):

	mild		moderate		severe

How often:

	occasional		intermittent		frequent		constant

Pain Scale (1 no pain, 10 extreme pain):

1	2	3	4	5	6	7	8	9	10

Location:

	left side		right side		both sides

Do you have:

	stiffness		muscle spasms		grinding upon movement

Movement:

	stiffness		restricted movement		pain upon movement

MIDBACK (pain - check those that apply):

	mild		moderate		severe

How often:

	occasional		intermittent		frequent		constant

Pain Scale (1 no pain, 10 extreme pain):

1	2	3	4	5	6	7	8	9	10

Location:

	left side		right side		both sides

Pain type:

	Sharp		Stabbing		Dull		Ache		Burning

Movement:

	Stiffness		Restricted Movement		Pain Upon Movement

LOWBACK (pain - check those that apply):

	mild		moderate		severe

How often:

	occasional		intermittent		frequent		constant

Pain Scale (1 no pain, 10 extreme pain):

1	2	3	4	5	6	7	8	9	10

Location:

	left side		right side		both sides

Pain type:

	Sharp		Stabbing		Dull		Ache		Burning

Movement:

	Stiffness		Restricted Movement		Pain Upon Movement

HIP (pain - check those that apply):

	mild		moderate		severe

How often:

	occasional		intermittent		frequent		constant

Pain Scale (1 no pain, 10 extreme pain):

1	2	3	4	5	6	7	8	9	10

Location:

	left side		right side		both sides

Pain type:

	Sharp		Stabbing		Dull		Ache		Burning

Movement:

	Stiffness		Restricted Movement		Pain Upon Movement

CHEST (pain - check those that apply):

Deep chest pain:

	left side		right side		both sides

Do you have:

	shortness of breath		irregular heartbeat

KNEE (pain - check those that apply):

	mild		moderate		severe

How often:

	occasional		intermittent		frequent		constant

Pain Scale (1 no pain, 10 extreme pain):

1	2	3	4	5	6	7	8	9	10

Location:

	left side		right side		both sides

Pain type:

	Sharp		Stabbing		Dull		Ache		Burning

Movement:

	Stiffness		Restricted Movement		Pain Upon Movement

FOOT/ANKLE (pain – check those that apply):

	mild		moderate		severe

How often:

	occasional		intermittent		frequent		constant

Pain Scale (1 no pain, 10 extreme pain):

1	2	3	4	5	6	7	8	9	10

Location:

	left side		right side		both sides

Do you have:

	stiffness		muscle spasms		grinding upon movement

Movement:

	stiffness		restricted movement		pain upon movement