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