Description of Symptoms (Worst symptom in first section, 2nd worst in 2nd section and 3rd worst in 3rd section)

I. Worst Symptom: (Please check off the boxes below to describe your worst current symptom).

1. Location of your worst pain

Head & Back	Left	Right	Both
☐ Jaw	☐	☐	☐
☐ Eye	☐	☐	☐
☐ Neck	☐	☐	☐
☐ Upper Back	☐	☐	☐
☐ Mid Back	☐	☐	☐
☐ Low Back	☐	☐	☐
Torso			
☐ Chest	☐	☐	☐
☐ Abdomen	☐	☐	☐
☐ Ribs	☐	☐	☐
☐ Buttocks	☐	☐	☐
Upper Extremity			
☐ Shoulder	☐	☐	☐
☐ Upper Arm	☐	☐	☐
☐ Forearm	☐	☐	☐
☐ Hand	☐	☐	☐
Lower Extremity			
☐ Hip	☐	☐	☐
☐ Leg	☐	☐	☐
☐ Foot	☐	☐	☐

Other locations: _____

2. Types of pain

☐ Dull ☐ Sharp ☐ Aching ☐ Cutting ☐ Constricting
☐ Throbbing ☐ Burning ☐ Numbing ☐ Tingling
☐ Spasm ☐ Stinging ☐ Shooting ☐ Pounding
Other types of pain _____

3. Pain Frequency

☐ Intermittent ☐ Frequent
☐ Occasional ☐ Constant

4. Pain Intensity

☐ Minimal ☐ Moderate
☐ Slight ☐ Marked

5. Does this pain radiate?

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

Other locations of radiation: _____

6. Actions effecting this pain

	Brings on	Aggravates	Relieves
☐ In the A.M.	☐	☐	☐
☐ In the P.M.	☐	☐	☐
☐ Bending forward	☐	☐	☐
☐ Bending back	☐	☐	☐
☐ Bending left	☐	☐	☐
☐ Bending right	☐	☐	☐
☐ Twisting left	☐	☐	☐
☐ Twisting right	☐	☐	☐
☐ Coughing	☐	☐	☐
☐ Sneezing	☐	☐	☐
☐ Straining	☐	☐	☐
☐ Standing	☐	☐	☐
☐ Sitting	☐	☐	☐
☐ Lifting	☐	☐	☐
Other Actions			
_____	☐	☐	☐
	☐	☐	☐

II. Second Worst Symptom: (Please check off the boxes below to describe your 2nd worst symptom).

1. Location of your worst pain

Head & Back	Left	Right	Both
☐ Jaw	☐	☐	☐
☐ Eye	☐	☐	☐
☐ Neck	☐	☐	☐
☐ Upper Back	☐	☐	☐
☐ Mid Back	☐	☐	☐
☐ Low Back	☐	☐	☐
Torso			
☐ Chest	☐	☐	☐
☐ Abdomen	☐	☐	☐
☐ Ribs	☐	☐	☐
☐ Buttocks	☐	☐	☐
Upper Extremity			
☐ Shoulder	☐	☐	☐
☐ Upper Arm	☐	☐	☐
☐ Forearm	☐	☐	☐
☐ Hand	☐	☐	☐
Lower Extremity			
☐ Hip	☐	☐	☐
☐ Leg	☐	☐	☐
☐ Foot	☐	☐	☐

Other locations: _____

2. Types of pain

☐ Dull ☐ Sharp ☐ Aching ☐ Cutting ☐ Constricting
☐ Throbbing ☐ Burning ☐ Numbing ☐ Tingling
☐ Spasm ☐ Stinging ☐ Shooting ☐ Pounding
Other types of pain _____

3. Pain Frequency

☐ Intermittent ☐ Frequent
☐ Occasional ☐ Constant

4. Pain Intensity

☐ Minimal ☐ Moderate
☐ Slight ☐ Marked

5. Does this pain radiate?

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

Other locations of radiation: _____

6. Actions effecting this pain

	Brings on	Aggravates	Relieves
☐ In the A.M.	☐	☐	☐
☐ In the P.M.	☐	☐	☐
☐ Bending forward	☐	☐	☐
☐ Bending back	☐	☐	☐
☐ Bending left	☐	☐	☐
☐ Bending right	☐	☐	☐
☐ Twisting left	☐	☐	☐
☐ Twisting right	☐	☐	☐
☐ Coughing	☐	☐	☐
☐ Sneezing	☐	☐	☐
☐ Straining	☐	☐	☐
☐ Standing	☐	☐	☐
☐ Sitting	☐	☐	☐
☐ Lifting	☐	☐	☐
Other Actions			
_____	☐	☐	☐
	☐	☐	☐

III. Third Worst Symptom: (Please check off the boxes below to describe your 3rd worst symptom).

1. Location of your worst pain

Head & Back	Left	Right	Both
☐ Jaw	☐	☐	☐
☐ Eye	☐	☐	☐
☐ Neck	☐	☐	☐
☐ Upper Back	☐	☐	☐
☐ Mid Back	☐	☐	☐
☐ Low Back	☐	☐	☐
Torso			
☐ Chest	☐	☐	☐
☐ Abdomen	☐	☐	☐
☐ Ribs	☐	☐	☐
☐ Buttocks	☐	☐	☐
Upper Extremity			
☐ Shoulder	☐	☐	☐
☐ Upper Arm	☐	☐	☐
☐ Forearm	☐	☐	☐
☐ Hand	☐	☐	☐
Lower Extremity			
☐ Hip	☐	☐	☐
☐ Leg	☐	☐	☐
☐ Foot	☐	☐	☐

Other locations: _____

2. Types of pain

☐ Dull ☐ Sharp ☐ Aching ☐ Cutting ☐ Constricting
☐ Throbbing ☐ Burning ☐ Numbing ☐ Tingling
☐ Spasm ☐ Stinging ☐ Shooting ☐ Pounding
Other types of pain _____

HEADACHES

Location: Part of head	left	right	both	How much of your awake time does it affect you? up to 1/4	1/4 to 1/2	1/2 to 3/4	3/4 to all	How does it affect daily living? 1 Minimal Doesn't affect	2 Slight Some affect	3 Moderate Seriuosly affects	4 Marked Prevents
Front	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Top & Sides	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Back	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Additional symptoms information (write any additional current symptoms information on the back of this page).