I Firet Current Com		erity, if possible.)
i. First Current Symptom: (Please check	off the boxes below to describe your first symptom Describe o	nly ONE symptom per Section
1. Check only one body location below	2. Types of pain	Other types of pain:
Headaches L R B B	□ Dull □ Sharp □ Aching □ Cutting	
Top of Head		ramping
□Back of Head	□Spasm □ Stinging □ Shooting □ Pounding □Co	
□Jaw L□ R□ B□		ffecting this pain
□Eye L□ R□ B□	☐Up to 1/4 of awake time ☐ 1/4 to 1/2 of time	Brings On Aggravates Relieves
□Neck L□ R□ B□	□ 1/2 to 3/4 of awake time □ Most all the time □ In the A.N. 4. Pain Intensity (How it affects your daily □ In the P.N.	
Upper Back L R B B	4. Pain Intensity (How it affects your daily activities)	orward 🔲 🔲
□ Mid Back 'L □ R □ B □ □ □ Low Back L □ R □ B □	□ Doesn't affect □ Somewhat affects □ Bending to	orward
ULow Back L R R B D	☐ Seriously affects ☐ Prevents activities ☐ Bending I	eft 🔲 🗎
Abdomen L R B B	5 Does this pain radiate into other body parts? Bending r	ight 🔲 🗀 🗀
□Ribs L□ R□ B□	Left Right Both I lwisting le	eft 🔲 🔲 🔲
□Buttocks L □ R □ B □	Head I Iwisting n	ight H H
☐Shoulder L ☐ R ☐ B ☐	Neck Coughing Sneezing	
Upper Arm L R B B		
□Forearm L□ R□ B□		
□Hand L □ R □ B □ □Hip L □ R □ B □	Hand Standing Sitting	5 5 5
OLeg LOROBO	Leg Lifting	
□Foot L□ R□ B□	Foot Other Action	
Other locations:	Other locations of radiation:	
II. Second Current Symptom:		
1. Check only one body location below	(Please check off the boxes below to describe your next symptom 2. Types of pain	
Headaches L R B B		Other types of pain:
□Front of Head	Dull Sharp Aching Cutting	
☐Top of Head		amping
☐Back of Head		
□Jaw L□ R□ B□	□Up to 1/4 of awake time □1/4 to 1/2 of time	ffecting this pain Brings On Aggravates Relieves
DEye L R B	☐1/2 to 3/4 of awake time ☐ Most all the time ☐ In the A.M.	
Neck L R B	4. Pain Intensity (How it affects your daily	
□Upper Back L □ R □ B □ □Mid Back L □ R □ B □	activites)	orward 🔲 🔲
OLow Back LOROBO	☐ Doesn't affect ☐ Somewhat affects ☐ Bending b	ack 🔲 🔲 🔲
□Chest L□ R□ B□	☐ Seriously affects ☐ Prevents activities ☐ Bending le	eft
□Abdomen L □ R □ B □	5. Does this pain radiate into other body parts?	ght 🔲 🔲
□Ribs L□ R□ B□	Left Right Both Twisting le	ght
□Buttocks L □ R □ B □	Head D D Twisting ri	aht L L L
□Shoulder L □ R □ B □	Neck Coughing	
☐Shoulder L ☐ R ☐ B ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ Shoulder ☐ ☐ ☐ ☐ Sneezing	
□Shoulder L □ R □ B □ □UpperArm L □ R □ B □ □Forearm L □ R □ B □	☐ Shoulder ☐ ☐ ☐ Sneezing ☐ Arm ☐ ☐ ☐ Straining	ack
□Shoulder L □ R □ B □ □Upper Arm L □ R □ B □ □Forearm L □ R □ B □ □Hand L □ R □ B □	□ Shoulder □ □ Sneezing □ Arm □ □ Straining □ Hand □ □ Standing	
□Shoulder L □ R □ B □ □Upper Arm L □ R □ B □ □Forearm L □ R □ B □ □Hand L □ R □ B □ □Hip L □ R □ B □	□ Shoulder □ □ Sneezing □ Arm □ □ Straining □ Hand □ □ Standing □ Hip □ □ Stitling □ Lea □ □ Lifting	orward
□Shoulder L □ R □ B □ □UpperArm L □ R □ B □ □Forearm L □ R □ B □ □Hand L □ R □ B □ □Leg L □ R □ B □	□ Shoulder □ □ Sneezing □ Arm □ □ Straining □ Hand □ □ Standing □ Hip □ □ Stiting	
□ Shoulder L □ R □ B □ □ Upper Am L □ R □ B □ □ Foream L □ R □ B □ □ Hip L □ R □ B □ □ Leg L □ R □ B □ □ Foot L □ R □ B □	□ Shoulder □ □ Sneezing □ Arm □ □ Straining □ Hand □ □ Standing □ Hip □ □ Sitting □ Leg □ □ Lifting	s:
□ Shoulder L □ R □ B □ □ Upper Arm L □ R □ B □ □ Forearm L □ R □ B □ □ Hip L □ R □ B □ □ Leg L □ R □ B □ ○ Foot L □ R □ B □ Other locations: □ Other locations: □ Other locations:	Shoulder	s:
Shoulder	Shoulder Shoulder Straining Strainin	s:
Shoulder	Shoulder Shoulder Straining Strainin	s:
Shoulder	Shoulder	Other types of pain:
Shoulder	Shoulder	Other types of pain:
Shoulder	Shoulder	Other types of pain:
Shoulder	Shoulder	Other types of pain: amping
Shoulder	Shoulder	Other types of pain: amping stricting fecting this pain Brings On Aggravates Relieves
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