

Barger Chiropractic
Symptom Intensity and Frequency Form

Date: _____ Patient: _____

SECTION 1: Describe on a scale of 1-10 how intense your pain is currently

0-No Symptoms exists

1 to 3-Mild, pain that is an annoyance

4 to 7-Moderate, pain that restricts or limits your ability to perform activities

8 to 10-Severe, pain disables you from doing anything

SECTION 1 CURRENT PAIN INTENSITY LEVELS

Pain Intensity	None	Mild Discomfort Ache/Stiff			Moderate Hurts/Sore/Bearable Sensation				Severe Sharp/Intense Pain		
Headache	0	1	2	3	4	5	6	7	8	9	10
Neck	0	1	2	3	4	5	6	7	8	9	10
Arm/Hand R/L	0	1	2	3	4	5	6	7	8	9	10
Mid Back	0	1	2	3	4	5	6	7	8	9	10
Low Back	0	1	2	3	4	5	6	7	8	9	10
Leg/Foot R/L	0	1	2	3	4	5	6	7	8	9	10

SECTION 2a: CURRENT PAIN FREQUENCY LEVELS

Circle the box following the area of pain that best indicates the average percentage of time you have pain today.

Pain Frequency	None	Occasional		Intermittent			Frequent		Constant		
	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Neck	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Arm/Hand R/L	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Mid-Back	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Low-Back	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Leg/Foot R/L	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

SECTION 2b: CURRENT HEADACHE FREQUENCY & DURATION

During the past week or since the accident/injury of applicable circle the frequency (if less than 1 week) you have had headaches and/or migraines. Be sure to indicate how long each headache typically lasts.

Headache Frequency	None	1 per Week	2 per Week	3 per Week	4 per Week	5 per Week	6 per Week	Daily
Headache Duration (in hours)								

Signature: _____