

CURRENT SYMPTOMS

Please Mark The Body Area(s) Where You Have Symptoms (as **A, B, C**) and Rate 0-10 According to the **PAIN SCALE TO DAILY ACTIVITY** Definition

Symptom A

Started When/How:

How often: 0% --- 25% --- 50% --- 75% --- 100%

How bad: 0—1—2—3—4—5—6—7—8—9—10

Better with:

Worse with:

Symptom B

Started When/How:

How often: 0% --- 25% --- 50% --- 75% --- 100%

How bad: 0—1—2—3—4—5—6—7—8—9—10

Better with:

Worse with:

Symptom C

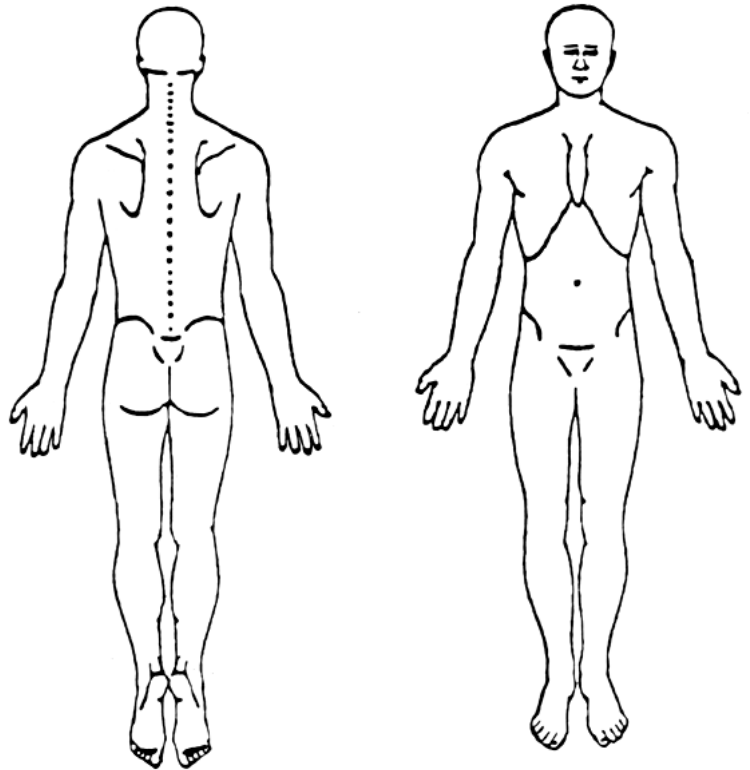
Started When/How:

How often: 0% --- 25% --- 50% --- 75% --- 100%

How bad: 0—1—2—3—4—5—6—7—8—9—10

Better with:

Worse with:



Prior treatment for these symptoms?

Tests (x-ray/MRI/EMG)?

PAIN SCALE TO DAILY ACTIVITY

0	=	Absent	=	I have no pain or symptoms that interfere with my daily activities.
1-2	=	Minimal	=	The pain is an annoyance but does not stop me from my daily activities.
3-4	=	Slight	=	The pain causes some difficulty in doing my daily activities but I can do them.
5-6	=	Moderate	=	The pain causes a lot of difficulty in doing my daily activities and I may not be able to do all of them.
7-8	=	Moderate To Severe	=	The pain is approaching the worst I have ever had and I can hardly do many of my daily activities.
9-10	=	Severe	=	The pain is the about the worst I have ever had and I cannot do any of my daily activities.

DAILY ACTIVITIES AFFECTED (Please Check All Those That Apply)

- Self-Care/Personal Hygiene: (Using the Bathroom, Brushing Teeth, Combing Hair, Bathing, Dressing)
- Communication: (Writing, Typing, Mousing, Seeing, Hearing, Speaking)
- Physical Activity: (Arising, Reclining, Walking, Running, Lifting, Carrying, Push/Pull, Climbing Stairs)
- Range of Motion: (Bending Forward, Bending Backward, Leaning Sideways, Twisting)
- Positional: (Standing, Sitting, Lying)
- Sensory Function: (Hearing, Seeing, Tactile Feeling, Tasting, Smelling)
- Hand Activities: (Grasping, Holding, Handling)
- Arm/Shoulder Activities: (Reaching, Throwing, Swinging, Bracing)
- Travel: (Riding, Driving, Flying)
- Sleep: (Restful, Normal Sleep Pattern, Restorative)
- Other: Describe: