

**DURATION**

**COMPLAINT #1**

- CONSTANT
- MOST OF THE TIME
- COMES & GOES
- ONCE IN A WHILE
- HARDLY EVER
- ONLY WHEN

**CAUSES**

**COMPLAINT #1**

- LIFTING
- WALKING
- SITTING
- STANDING
- BENDING
- EXERCISE
- OTHER

**PAIN / SENSATION**

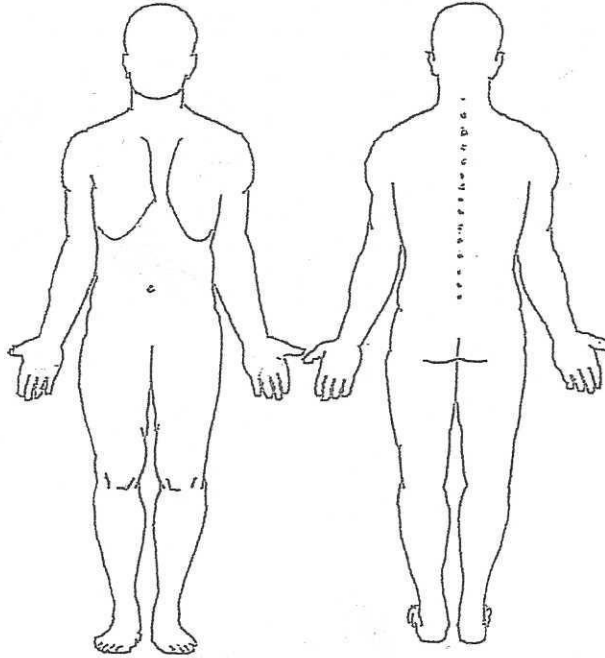
**COMPLAINT #1**

- NUMBNESS
- PINS & NEEDLES
- BURNING
- ACHING
- STABBING
- DISCOMFORT
- OTHER

Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

Mark areas as complaint #1 and complaint #2



NOTES: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTES: \_\_\_\_\_

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**DURATION**

**COMPLAINT # 2**

- CONSTANT
- MOST OF THE TIME
- COMES & GOES
- ONCE IN A WHILE
- HARDLY EVER
- ONLY WHEN

**CAUSES**

**COMPLAINT # 2**

- LIFTING
- WALKING
- SITTING
- STANDING
- BENDING
- EXERCISE
- OTHER

**PAIN / SENSATION**

**COMPLAINT # 2**

- NUMBNESS
- PINS & NEEDLES
- BURNING
- ACHING
- STABBING
- DISCOMFORT
- OTHER

<b>PLEASE CIRCLE YOUR LEVEL OF PAIN:</b>										
(1 = Minimal Pain; 10= Worst Pain Imaginable)										
<b>PAIN CURRENTLY</b>										
1	2	3	4	5	6	7	8	9	10	
<b>PAIN AT ITS WORST</b>										
1	2	3	4	5	6	7	8	9	10	
<b>PAIN TYPICALLY</b>										
1	2	3	4	5	6	7	8	9	10	

<b>PLEASE CIRCLE YOUR LEVEL OF PAIN:</b>										
(1 = Minimal Pain; 10= Worst Pain Imaginable)										
<b>PAIN CURRENTLY</b>										
1	2	3	4	5	6	7	8	9	10	
<b>PAIN AT ITS WORST</b>										
1	2	3	4	5	6	7	8	9	10	
<b>PAIN TYPICALLY</b>										
1	2	3	4	5	6	7	8	9	10	