

# **SYMPTOM SURVEY FORM**

NAME: \_\_\_\_\_ Pt #: \_\_\_\_\_ Date: \_\_\_\_\_

1. **GENERAL SYMPTOMS** (circle as many as apply)

- |                |                  |            |
|----------------|------------------|------------|
| A. Nervousness | B. Irritability  | C. Fatigue |
| D. Depression  | E. Loss of Sleep | F. Tension |
| G. P.M.S.      | H. Jaw Pain      |            |

2. **HEAD** (circle as many as apply)

- A. Headaches: Pain Level: 1. Mild 2. Moderate 3. Severe  
How often: ( 1 2 3 4 5 6 ) Per ( Day / Week / Month )  
Are they: 1. Sharp 2. Dull Are they: 1. Constant 2. Intermittent  
Where located: 1. Back of Head 2. Forehead 3. Temples  
4. Right Side 5. Left Side 6. Behind Eyes
- |                    |                  |                         |
|--------------------|------------------|-------------------------|
| B. Light-Headed    | C. Memory Loss   | D. Fainting             |
| E. Blurred Vision  | F. Double Vision | G. Sensitivity to Light |
| H. Loss of Balance | I. Hearing Loss  | J. Ringing in the Ears  |

3. **NECK** (circle as many as apply)

- A. Neck Pain: 1. Left Side 2. Right Side 3. Both  
Pain Level: 1. Mild 2. Moderate 3. Severe  
Pain Increased By: 1. Forward Movement 2. Backward Movement  
3. Rotate Head Left 4. Rotate Head Right  
5. Bend Neck Left 6. Bend Neck Right
- |              |                  |                            |
|--------------|------------------|----------------------------|
| B. Stiffness | C. Muscle Spasms | D. Grinding/Grating Sounds |
|--------------|------------------|----------------------------|

4. **SHOULDERS** (circle as many as apply)

- |                             |         |          |         |
|-----------------------------|---------|----------|---------|
| A. Pain in Joint:           | 1. Left | 2. Right | 3. Both |
| B. Pain across Shoulder:    | 1. Left | 2. Right | 3. Both |
| C. Limitation of Movement:  | 1. Left | 2. Right | 3. Both |
| D. Tension / Muscle Spasms: | 1. Left | 2. Right | 3. Both |

5. **ARMS** (circle as many as apply)

- |                             |         |          |         |
|-----------------------------|---------|----------|---------|
| A. Pain in Upper Arm        | 1. Left | 2. Right | 3. Both |
| B. Pain in Elbow            | 1. Left | 2. Right | 3. Both |
| C. Pain in Forearm          | 1. Left | 2. Right | 3. Both |
| D. Pins & Needles (Arm)     | 1. Left | 2. Right | 3. Both |
| E. Pins & Needles (Forearm) | 1. Left | 2. Right | 3. Both |
| F. Numbness in Arm          | 1. Left | 2. Right | 3. Both |
| G. Numbness in Forearm      | 1. Left | 2. Right | 3. Both |

6. **HANDS** (circle as many as apply)

- |                           |         |          |         |
|---------------------------|---------|----------|---------|
| A. Pain in Wrist          | 1. Left | 2. Right | 3. Both |
| B. Pain in Hand           | 1. Left | 2. Right | 3. Both |
| C. Pins & Needles (Hands) | 1. Left | 2. Right | 3. Both |
| D. Numbness (Hands)       | 1. Left | 2. Right | 3. Both |

7. **MIDBACK** (circle as many as apply)

- A. Midback Pain:** 1. Left 2. Right 3. Both  
 Pain Level: 1. Mild 2. Moderate 3. Severe  
 Pain Type: 1. Sharp/Stabbing 2. Dull Ache  
**B. Muscle Spasm** 1. Left 2. Right 3. Both

8. **CHEST** (circle as many as apply)

- A. Deep Chest Pain:** 1. Left 2. Right 3. Both  
 Pain Level: 1. Mild 2. Moderate 3. Severe  
**B. Pain Around Ribs:** 1. Left 2. Right 3. Both  
**C. Shortness of Breath** **D. Irregular Heartbeat**

9. **ABDOMINAL SYMPTOMS**

- A. Abdominal Pain:** 1. Mild 2. Moderate 3. Severe  
**B. Nervous Stomach** **C. Nausea** **D. Gas**  
**E. Constipation** **F. Diarrhea** **G. Heartburn**  
**H. Indigestion** **I. Loss of Appetite**

10. **LOWBACK** (circle as many as apply)

- A. Upper Lumbar Pain** 1. Left 2. Right 3. Both  
**B. Lower Lumbar Pain** 1. Left 2. Right 3. Both  
**C. Sacroiliac Pain** 1. Left 2. Right 3. Both  
**D. Muscle Spasm** 1. Left 2. Right 3. Both  
 \*\* Lowback Pain Level: 1. Mild 2. Moderate 3. Severe

11. **HIP & LEGS** (circle as many as apply)

- A. Pain in Buttocks:** 1. Left 2. Right 3. Both  
 Pain Level: 1. Mild 2. Moderate 3. Severe  
**B. Pain in Hip Joint:** 1. Left 2. Right 3. Both  
 Pain Level: 1. Mild 2. Moderate 3. Severe  
**C. Pain Down Leg:** 1. Left 2. Right 3. Both  
 Location: 1. Front 2. Back 3. Side  
 Pain Radiates to: 1. Knee 2. Calf 3. Foot  
**D. Numbness Down Leg:** 1. Left 2. Right 3. Both  
 Location: 1. Front 2. Back 3. Side  
**E. Pins & Needles (Leg):** 1. Left 2. Right 3. Both  
 Location: 1. Front 2. Back 3. Side  
**F. Knee Pains:** 1. Left 2. Right 3. Both  
**G. Leg Cramps:** 1. Left 2. Right 3. Both

12. **FEET** (circle as many as apply)

- A. Ankle Pain:** 1. Left 2. Right 3. Both  
**B. Swollen Ankle:** 1. Left 2. Right 3. Both  
**C. Foot Pain:** 1. Left 2. Right 3. Both  
**D. Numbness of Feet:** 1. Left 2. Right 3. Both  
**E. Swollen Feet:** 1. Left 2. Right 3. Both  
**F. Cramps:** 1. Left 2. Right 3. Both

**COMMENTS:**

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