

Third Complaint (Circle ONLY 1) Neck Pain Headache Upper/Mid Back Pain Low Back Pain Shoulder Pain Knee Pain Jaw Pain Other _____

Pain or Problem started on _____

Pains are: dull sharp throbbing Burning deep aching tingling Stabbing cramping
numbness radiating stiffness

Frequency: 0-25% 25-50% 50-75% 75-100% Other _____

Does this pain shoot, radiate, or travel in your body?

Where? _____

Since it began, is it: Same Better Worse Worse in AM Worse in PM Same All Day

What activities **aggravate** your condition/pain sitting standing walking bending stooping
lifting sleeping sneezing coughing straining reaching twisting looking up looking down
movement Rest lying supine driving typing scooping house chores exercise
lying prone stair stepping

What activities **lessen** your condition/pain? sitting standing lying knees bent up support
no movement movement heat ice topical analgesic ibuprofen medication rest
stretching/exercise adjustments

Is this condition interfering with Work Sleep Routine Other _____

Rate your pain today: (No Complaint/Pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst Possible Complaint/Pain)

Fourth Complaint (Circle ONLY 1) Neck Pain Headache Upper/Mid Back Pain Low Back Pain Shoulder Pain Knee Pain Jaw Pain Other _____

Pain or Problem started on _____

Pains are: dull sharp throbbing Burning deep aching tingling Stabbing cramping
numbness radiating stiffness

Frequency: 0-25% 25-50% 50-75% 75-100% Other _____

Does this pain shoot, radiate, or travel in your body?

Where? _____

Since it began, is it: Same Better Worse Worse in AM Worse in PM Same All Day

What activities **aggravate** your condition/pain sitting standing walking bending stooping
lifting sleeping sneezing coughing straining reaching twisting looking up looking down
movement Rest lying supine driving typing scooping house chores exercise
lying prone stair stepping

What activities **lessen** your condition/pain? sitting standing lying knees bent up support
no movement movement heat ice topical analgesic ibuprofen medication rest
stretching/exercise adjustments

Is this condition interfering with Work Sleep Routine Other _____

Rate your pain today: (No Complaint/Pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst Possible Complaint/Pain)