SYMPTOM INTENSITY AND FREQUENCY

Name:_____ Date:_____

CURRENT PAIN INTENSITY LEVELS

Describe on a scale of 1-10 how intense your pain or symptoms are. This includes the amount of aching, soreness, hurting, pain, numbness, and/or tingling levels present currently. A zero (0) indicates that no symptoms exists. **1-3 pain** level is a minimum level and indicates that your pain is an annoyance only. A **4 pain** is a slight level, where pain doing activity begins to cause some disability. A **5-7 pain** is moderate in severity and has to restrict or limit your activity ability to a significant degree. A **8-10 pain** level is severe and indicates that your pain intensity is to point where you have complete inability to perform some tasks.

Circle the box that best describes your symptoms today

Pain Intensity	None	**MINIMAL** Discomfort/Ache/Stiff			**SLIGHT-TO-MODERATE** Hurts/Sore/Bearable Sensation				**SEVERE** Sharp/Intense Pain		
Headache	0	1	2	3	4	5	6	7	8	9	10
Neck Pain/Soreness	0	1	2	3	4	5	6	7	8	9	10
Arm/Hand Symptoms	0	1	2	3	4	5	6	7	8	9	10
Mid Back Pain	0	1	2	3	4	5	6	7	8	9	10
Low back Pain	0	1	2	3	4	5	6	7	8	9	10
Leg/Foot Symptoms	0	1	2	3	4	5	6	7	8	9	10
Other_____	0	1	2	3	4	5	6	7	8	9	10

CURRENT PAIN FREQUENCY LEVELS

Describe how frequent you have symptoms such as pain, numbness, and tingling in the respected areas. A zero (0) indicates that no symptoms exists. **1-3 frequency** level is a minimum level and indicates that your symptoms are occasional. A **4 –6 frequency** is a moderate level, meaning that symptoms are intermittent, coming and going. A **7-8 frequency** is an indication that the symptoms are present more often than not but still not constant. A 9-**10 frequency** level is severe and indicates that your symptoms are constant.

Circle the box that represents the average percentage of time you have symptoms

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

CURRENT HEADACHE FREQUENCY & DURATION

A. How frequently do you have headaches/migraines currently?	☐ No headaches ☐ once a month ☐ twice a month	☐ once a week ☐ twice a week ☐ 3 times a week	☐ 4 times a week ☐ 5 times a week ☐ Almost daily
B. How long does your typical migraine last?	_____Hours _____Days		