

Rum River Chiropractic Symptom Questionnaire

Patient Name: _____ Date of Birth: _____ Date: _____

Circle ONE symptom and use this whole page to describe just this ONE symptom:

Neck pain	Middle back pain	Sciatic pain	Headache
Shoulder pain	Lower back pain	Leg pain	Other: _____
Upper back pain	Hip pain	Arm pain	

1. On a scale from 1-10, with 10 being the worst, please circle the number that best describes this symptom most of the time: 1 2 3 4 5 6 7 8 9 10

2. What percentage of the time you are awake do you experience the above symptom at the above intensity: 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90% 95% 100%

3. When did the symptom begin? _____

- Did the symptom begin suddenly or gradually? (circle one)
- How did the symptom begin? _____
- If you are here today because of a motor vehicle accident, did you have this symptom before this motor vehicle collision? Yes/No (circle one)

If so, what was the intensity before the motor vehicle accident (1-10 w/10 the worst) _____
And what was the frequency as a percentage? _____%

4. What makes the symptom worse? (circle all that apply):

Bending neck forward	Bending forward	Getting up from a sitting position	Changing positions
Bending neck backward	Bending backwards at the waist	Lifting	Nothing
Tilting head to the left	Tilting left at waist	Any movement	
Tilting head to the right	Tilting right at waist	Driving	Other: (please describe)
Turning head to the left	Sitting	Walking	_____
Turning head to the right	Standing	Running	_____

5. What makes the symptom better? (circle all that apply):

Rest	Stretching	Pain medication	Other: (please describe)
Ice	Exercise	Muscle relaxers	_____
Heat	Massage	Nothing	_____

6. Describe the quality of the symptom (circle all that apply):

Sharp	Burning	Stabbing	Stiff	Other: (please describe)
Dull	Throbbing	Shooting	Tight	_____
Achy	Piercing	Stinging		_____

7. Is the symptom worse at certain times of the day or night? (circle one)

Morning Afternoon Evening Night Unaffected by time of day

8. Does the symptom radiate to another part of your body? Yes/No (circle one)

If yes, where does the symptom radiate? _____