

**1. Pain can be difficult to describe, please check the words that best describe your symptoms:**

- |                                   |                                    |                                   |                                   |                                        |                                   |                                    |
|-----------------------------------|------------------------------------|-----------------------------------|-----------------------------------|----------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Burning  | <input type="checkbox"/> Throbbing | <input type="checkbox"/> Stabbing | <input type="checkbox"/> Aching   | <input type="checkbox"/> Tingling      | <input type="checkbox"/> Twisting | <input type="checkbox"/> Squeezing |
| <input type="checkbox"/> Cramping | <input type="checkbox"/> Cutting   | <input type="checkbox"/> Shooting | <input type="checkbox"/> Numbness | <input type="checkbox"/> Stinging      | <input type="checkbox"/> Pulling  | <input type="checkbox"/> Pressure  |
| <input type="checkbox"/> Coldness | <input type="checkbox"/> Dull      | <input type="checkbox"/> Vague    | <input type="checkbox"/> Smarting | <input type="checkbox"/> Indescribable |                                   |                                    |

**2. Mark your average level of pain in the last week:**

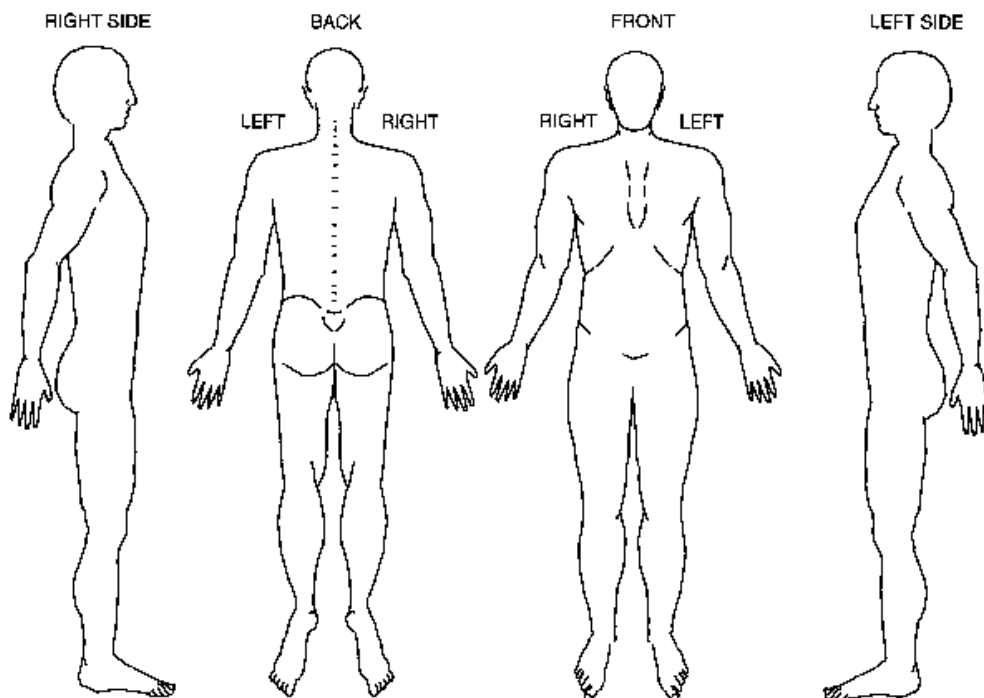
0 \_\_\_\_\_ 10

**3. Mark your worst level of pain in the last week per side:**

Right side: 0 \_\_\_\_\_ 10

Left side: 0 \_\_\_\_\_ 10

**4. Where is your pain located? Mark on the diagram:**



**Do you have any of the following?**

- |                                                                  |   |   |
|------------------------------------------------------------------|---|---|
| 5. Pain or tightness in your neck, shoulder, or upper back?      | Y | N |
| 6. Numbness/tingling or burning in your forearm or hand?         | Y | N |
| 7. Weakness or clumsiness in your hand?                          | Y | N |
| 8. Weakness or pain reaching over your head or behind your back? | Y | N |
| 9. Headaches or migraines on the back or side of your scalp?     | Y | N |

**Have you ever been told you may have any of the following? (Circle all that apply)**

- |                                               |                              |                                 |
|-----------------------------------------------|------------------------------|---------------------------------|
| Complex regional pain syndrome (CRPS)         | Fibromyalgia                 | Myofascial pain/tightness       |
| Cervical radiculopathy or neuralgia           | Trapezius myalgia            | Scapula dyskinesia/SICK scapula |
| Occupational shoulder or work muscle disorder | Thoracic outlet syndrome     | Upper cross syndrome            |
| Cervicogenic or occipital headaches/migraines | Subacromial impingement/pain |                                 |