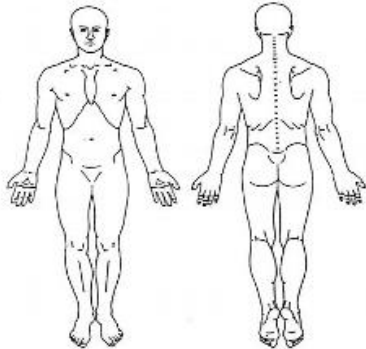


# Musculoskeletal Questionnaire

Circle area(s) where you have pain:



## Headaches:

1. When did your headaches begin?  
\_\_\_\_\_
2. Rate your pain:  
(0) |-----|-----| (10)
3. Describe the pain:  
 Dull     Sharp     Aching  
 Stabbing    Deep     Burning  
 Throbbing/ pulsating  
 Other: \_\_\_\_\_
4. What time of day do you get a headache?  
 Morning    Afternoon    Evening    Night  
 Not related to time of day
5. What seems to bring on your headaches?  
 Physical activity    Caffeine    Stress  
 Alcohol    Menstrual period  
 Certain foods
6. How often do you get a headache?  
 Constantly     \_\_\_\_\_ per day  
 \_\_\_\_\_ per week    Occasionally
7. Do any of the following occur with your headaches?    Nausea/vomiting  
 Dizziness     Weakness  
 Visual problems    Light sensitivity  
 Sound sensitivity    Other: \_\_\_\_\_
8. What makes your headaches better?  
 Nothing    Rest    Lying down  
 Ice/cold packs    Heat packs  
 Over-the-counter medicine

## Neck pain/discomfort:

1. When did your neck pain begin? \_\_\_\_\_
2. What caused your neck pain?  
\_\_\_\_\_
3. What describes your pain?  
 Dull     Sharp     Aching  
 Excessive tension    Other: \_\_\_\_\_
4. Rate your pain:  
(0) |-----|-----| (10)
5. When are symptoms worse?  
 Morning    Afternoon    Evening    Night  
 Always the same
6. Are you experiencing any numbness, tingling, weakness or pain into the shoulder/arm/hand on either side?    Left    Right
7. What makes your condition better?  
 Nothing    Rest    Stretching    Massage  
 Ice    Heat    Medication: \_\_\_\_\_  
 Other: \_\_\_\_\_
8. What makes your condition worse?  
 Nothing    Coughing/ sneezing    Bending  
 Sitting    Standing    Other: \_\_\_\_\_

## Mid-back pain:

1. When did your back pain begin? \_\_\_\_\_
2. What caused your back pain?  
\_\_\_\_\_
3. What describes your pain?  
 Dull     Sharp     Aching  
 Excessive tension    Other: \_\_\_\_\_
4. Rate your pain:  
(0) |-----|-----| (10)
5. When are symptoms worse?  
 Morning    Afternoon    Evening    Night  
 Always the same
6. Are you experiencing pain in the chest, ribs or shoulder blade on either side?  
 Left    Right
7. What makes your condition better?  
 Nothing    Rest    Stretching    Massage  
 Ice    Heat    Medication: \_\_\_\_\_  
 Other: \_\_\_\_\_
8. What makes your condition worse?  
 Nothing    Coughing/ sneezing    Bending  
 Sitting    Standing    Other: \_\_\_\_\_

## Lower-back/ hip pain:

1. When did your back pain begin? \_\_\_\_\_
2. What caused your back pain? \_\_\_\_\_
3. What describes your pain?  
 Dull    Sharp    Aching    Excessive tension    Other: \_\_\_\_\_
4. Rate your pain:   (0) |-----|-----| (10)
5. When are symptoms worse?  
 Morning    Afternoon    Evening    Night    Always the same
6. Do you have any numbness, tingling, pain or weakness in the thigh, leg or foot on either side?    Left    Right
7. What makes your condition better?  
 Nothing    Rest    Stretching    Massage    Ice    Heat  
 Medication: \_\_\_\_\_    Other: \_\_\_\_\_
8. What makes your condition worse?  
 Nothing    Coughing/ sneezing    Bending    Sitting    Standing  
 Other: \_\_\_\_\_

## Shoulder pain/ discomfort:

- Left    Right    Both  
 Describe symptoms:  
 \_\_\_\_\_  
 \_\_\_\_\_

## Hip pain/ discomfort:

- Left    Right    Both  
 Describe symptoms:  
 \_\_\_\_\_  
 \_\_\_\_\_

## Elbow pain/ discomfort:

- Left    Right    Both  
 Describe symptoms:  
 \_\_\_\_\_  
 \_\_\_\_\_

## Knee pain/ discomfort:

- Left    Right    Both  
 Describe symptoms:  
 \_\_\_\_\_  
 \_\_\_\_\_

## Wrist pain/ discomfort:

- Left    Right    Both  
 Describe symptoms:  
 \_\_\_\_\_  
 \_\_\_\_\_

## Ankle pain/ discomfort:

- Left    Right    Both  
 Describe symptoms:  
 \_\_\_\_\_  
 \_\_\_\_\_

## Hand pain/ discomfort:

- Left    Right    Both  
 Describe symptoms:  
 \_\_\_\_\_  
 \_\_\_\_\_

## Foot pain/ discomfort:

- Left    Right    Both  
 Describe symptoms:  
 \_\_\_\_\_  
 \_\_\_\_\_