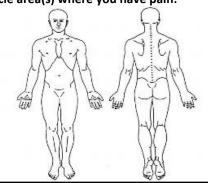
## **Musculoskeletal Questionnaire**

Circle area(s) where you have pain:



~ -	40		
<u>Headaches:</u>			
1. When did your headaches begin?			
2. Rate your pain:			
(0) I	II (10)		
3. Describe the pain	:		
□Dull □Shar	p □Aching		
□Stabbing □Deep	□Burning		
☐Throbbing/ pulsati	ing		
□Other:			
4. What time of day	do you get a headache?		
☐Morning ☐Afterr	noon □Evening □Night		
□Not related to time	e of day		
5. What seems to br	ing on your headaches?		
☐Physical activity	□Caffeine □Stress		
□Alcohol □Mens	trual period		
□Certain foods			
6. How often do you get a headache?			
□Constantly	□ per day		
□ per wee	k □Occasionally		
7. Do any of the following occur with your			
headaches? □Nausea/vomiting			
	□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-counte	er medicine		

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-	Neck pain/discomfort:	Lower-back/ hip pain:	
-	1. When did your neck pain begin?	1. When did your back pain begin?	
	2. What caused your neck pain?	2. What caused your back pain?	
-		3. What describes your pain?	
-	3. What describes your pain?	□Dull □Sharp □Aching □Excessive tension □Other:	
-	□Dull □Sharp □Aching	4. Rate your pain: (0)     (10)	
-	□Excessive tension □Other:	5. When are symptoms worse?	
-	4. Rate your pain:	☐Morning ☐Afternoon ☐Evening ☐Night ☐Always the same	
-	(0)    (10)	6. Do you have any numbness, tingling, pain or weakness in the thigh, leg or foot on	
-	5. When are symptoms worse?	either side? □Left □Right	
-	☐Morning ☐Afternoon ☐Evening ☐Night	7. What makes your condition better?	
-	□Always the same	□Nothing □Rest □Stretching □Massage □Ice □Heat	
-	6. Are you experiencing any numbness, tingling,	□Medication: □Other:	
	weakness or pain into the shoulder/arm/hand	8. What makes your condition worse?	
П	on either side? □Left □Right	□Nothing □Coughing/sneezing □Bending □Sitting □Standing	
	7. What makes your condition better?	□Other:	
П	□Nothing □Rest □Stretching □Massage		
П	□lce □Heat □Medication:	Shoulder pain/ discomfort: Hip pain/ discomfort:	
П	□Other:	□Left □Right □Both □Left □Right □Both	
П	8. What makes your condition worse?	Describe symptoms: Describe symptoms:	
П	□Nothing □Coughing/sneezing □Bending		
П	□Sitting □Standing □Other:		
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П	Mid-back pain:		
П	1. When did your back pain begin?		
П	2. What caused your back pain?	Elbow pain/ discomfort:  Knee pain/ discomfort:	
П		□Left □Right □Both □Left □Right □Both	
П	3. What describes your pain?	Describe symptoms: Describe symptoms:	
П	□Dull □Sharp □Aching		—
П	□Excessive tension □Other:		—
П	4. Rate your pain:		
	(0)    (10)	West and Albertain	
	5. When are symptoms worse?	Wrist pain/ discomfort:  Ankle pain/ discomfort:  Dieft Diekt Death	
	□Morning □Afternoon □Evening □Night	□Left □Right □Both □Left □Right □Both	
	□Always the same	Describe symptoms: Describe symptoms:	
П	6. Are you experiencing pain in the chest, ribs or		—
П	shoulder blade on either side?		—
П	□Left □Right		
	7. What makes your condition better?		
	□Nothing □Rest □Stretching □Massage	Hand pain/ discomfort: Foot pain/ discomfort:	
	□Ice □Heat □Medication:	□Left □Right □Both □Left □Right □Both	
	Other:	Describe symptoms: Describe symptoms:	
	8. What makes your condition worse?		
	□Nothing □Coughing/ sneezing □Bending		
	□Sitting □Standing □Other:		