

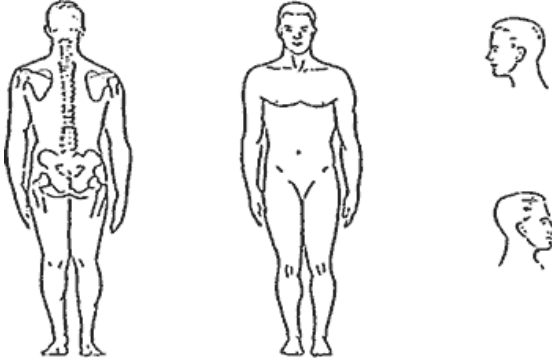
Name \_\_\_\_\_

Date \_\_\_\_\_

Using only one diagram per symptom, please circle each region where sensations are felt. Using the letter(s) below to mark the circled region, indicate the type of your current symptom(s) on the diagram(s).

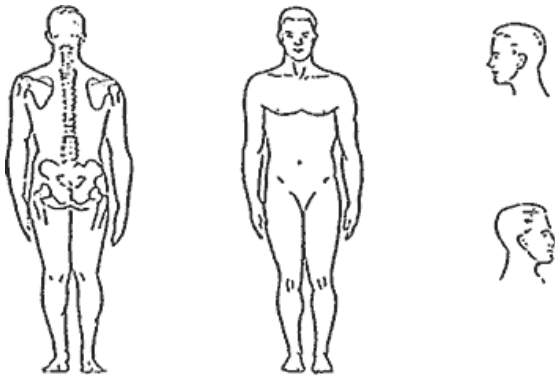
B = Burning D= Dull Pain/Ache N = Numbness  
P = Pins & Needles S = Sharp pain T = Tightness  
O = Other

**Symptom Diagram #1**



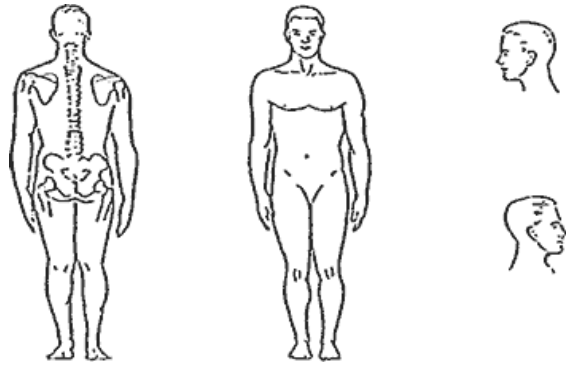
Date first noticed \_\_\_\_\_  
Date of most recent episode \_\_\_\_\_  
Cause \_\_\_\_\_ ( ) unknown  
What makes it better? \_\_\_\_\_  
What aggravates it? \_\_\_\_\_  
How often is this symptom present (please circle):  
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%  
Please rate the level by circling the number below:  
(Mild) 0—1—2—3—4—5—6—7—8—9—10 (Severe)

**Symptom Diagram #2**



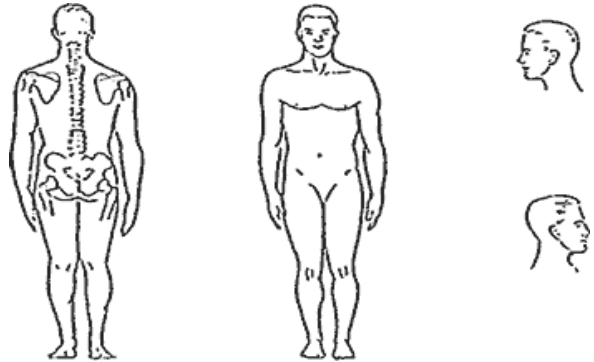
Date first noticed \_\_\_\_\_  
Date of most recent episode \_\_\_\_\_  
Cause \_\_\_\_\_ ( ) unknown  
What makes it better? \_\_\_\_\_  
What aggravates it? \_\_\_\_\_  
How often is this symptom present (please circle):  
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%  
Please rate the level by circling the number below:  
(Mild) 0—1—2—3—4—5—6—7—8—9—10 (Severe)

**Symptom Diagram #3**



Date first noticed \_\_\_\_\_  
Date of most recent episode \_\_\_\_\_  
Cause \_\_\_\_\_ ( ) unknown  
What makes it better? \_\_\_\_\_  
What aggravates it? \_\_\_\_\_  
How often is this symptom present (please circle):  
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%  
Please rate the level by circling the number below:  
(Mild) 0—1—2—3—4—5—6—7—8—9—10 (Severe)

**Symptom Diagram #4**



Date first noticed \_\_\_\_\_  
Date of most recent episode \_\_\_\_\_  
Cause \_\_\_\_\_ ( ) unknown  
What makes it better? \_\_\_\_\_  
What aggravates it? \_\_\_\_\_  
How often is this symptom present (please circle):  
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%  
Please rate the level by circling the number below:  
(Mild) 0—1—2—3—4—5—6—7—8—9—10 (Severe)

Notes:

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Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
Scott Rosenthal, DC