

# COMPLAINT 1

(Check All Blanks Which Apply to Your Pain)

**Complaint:** \_\_\_\_\_ **Grade:** 0 1 2 3 4 5 6 7 8 9 10  
No Pain Extreme Pain  
**Came On:**  Gradually **It is getting:**  Better **Intensity:**  Minimal  
 Immediately  Same  Slight  
 Worse  Moderate  
 Severe

**Frequency of Pain:**  Intermittent  Occasional  Frequent  Constant

**Describe Feeling of Pain:**  Dull  Sharp  Aching  Shooting  Spasm  
 Throbbing  Burning  Numbing  Tingling  
\_\_\_\_\_ Other

**Location of Pain:**  Right  Left  Antero-Lateral  Postero-Lateral

**Pain Also Radiates to:** \_\_\_\_\_

**Additional Comments About Pain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# COMPLAINT 2

(Check All Blanks Which Apply to Your Pain)

**Complaint:** \_\_\_\_\_ **Grade:** 0 1 2 3 4 5 6 7 8 9 10  
No Pain Extreme Pain  
**Came On:**  Gradually **It is getting:**  Better **Intensity:**  Minimal  
 Immediately  Same  Slight  
 Worse  Moderate  
 Severe

**Frequency of Pain:**  Intermittent  Occasional  Frequent  Constant

**Describe Feeling of Pain:**  Dull  Sharp  Aching  Shooting  Spasm  
 Throbbing  Burning  Numbing  Tingling  
\_\_\_\_\_ Other

**Location of Pain:**  Right  Left  Antero-Lateral  Postero-Lateral

**Pain Also Radiates to:** \_\_\_\_\_

**Additional Comments About Pain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_