

What is problem/symptom #5? _____

How often do you have symptom #5? Constantly (76-100% of the time) Frequently (51-75% of the time)

Occasionally (26-50% of the time) Intermittently (1-25% of the time)

How would you describe the type of pain or symptom of #5? Sharp Numb Dull Tingly Diffuse Sharp with motion Achy

Shooting with motion Burning Stabbing with motion Shooting Electric like with motion Stiff Other: _____

How are your symptoms of #5 changing with time? Getting Worse Staying the Same Getting Better

Using a scale from 0-10 (10 being the worst), how would you rate your symptom #5 intensity? 0 1 2 3 4 5 6 7 8 9 10 (Please circle)

What is problem/symptom #6? _____

How often do you have symptom #6? Constantly (76-100% of the time) Frequently (51-75% of the time)

Occasionally (26-50% of the time) Intermittently (1-25% of the time)

How would you describe the type of pain or symptom of #6? Sharp Numb Dull Tingly Diffuse Sharp with motion Achy

Shooting with motion Burning Stabbing with motion Shooting Electric like with motion Stiff Other: _____

How are your symptoms of #6 changing with time? Getting Worse Staying the Same Getting Better

Using a scale from 0-10 (10 being the worst), how would you rate your symptom #6 intensity? 0 1 2 3 4 5 6 7 8 9 10 (Please circle)

What is problem/symptom #7? _____

How often do you have symptom #7? Constantly (76-100% of the time) Frequently (51-75% of the time)

Occasionally (26-50% of the time) Intermittently (1-25% of the time)

How would you describe the type of pain or symptom of #7? Sharp Numb Dull Tingly Diffuse Sharp with motion Achy

Shooting with motion Burning Stabbing with motion Shooting Electric like with motion Stiff Other: _____

How are your symptoms of #7 changing with time? Getting Worse Staying the Same Getting Better

Using a scale from 0-10 (10 being the worst), how would you rate your symptom #7 intensity? 0 1 2 3 4 5 6 7 8 9 10 (Please circle)

What is problem/symptom #8? _____

How often do you have symptom #8? Constantly (76-100% of the time) Frequently (51-75% of the time)

Occasionally (26-50% of the time) Intermittently (1-25% of the time)

How would you describe the type of pain or symptom of #8? Sharp Numb Dull Tingly Diffuse Sharp with motion Achy

Shooting with motion Burning Stabbing with motion Shooting Electric like with motion Stiff Other: _____

How are your symptoms of #8 changing with time? Getting Worse Staying the Same Getting Better

Using a scale from 0-10 (10 being the worst), how would you rate your symptom #8 intensity? 0 1 2 3 4 5 6 7 8 9 10 (Please circle)

What is problem/symptom #9? _____

How often do you have symptom #9? Constantly (76-100% of the time) Frequently (51-75% of the time)

Occasionally (26-50% of the time) Intermittently (1-25% of the time)

How would you describe the type of pain or symptom of #9? Sharp Numb Dull Tingly Diffuse Sharp with motion Achy

Shooting with motion Burning Stabbing with motion Shooting Electric like with motion Stiff Other: _____

How are your symptoms of #9 changing with time? Getting Worse Staying the Same Getting Better

Using a scale from 0-10 (10 being the worst), how would you rate your symptom #9 intensity? 0 1 2 3 4 5 6 7 8 9 10 (Please circle)

What is problem/symptom #10? _____

How often do you have symptom #10? Constantly (76-100% of the time) Frequently (51-75% of the time)

Occasionally (26-50% of the time) Intermittently (1-25% of the time)

How would you describe the type of pain or symptom of #10? Sharp Numb Dull Tingly Diffuse Sharp with motion Achy

Shooting with motion Burning Stabbing with motion Shooting Electric like with motion Stiff Other: _____

How are your symptoms of #10 changing with time? Getting Worse Staying the Same Getting Better

Using a scale from 0-10 (10 being the worst), how would you rate your symptom #10 intensity? 0 1 2 3 4 5 6 7 8 9 10 (Please circle)