

HISTORY (Patient/Claimant) to Complete

Symptom Checklist

For each symptom, check YES (if present) or NO (if not present), and rate severity on a scale of 0 to 10 Where 0 is "No pain" and 10 is "Pain at the highest severity."

Neck or Shoulder pain

YES

NO

No Pain

Highest Level of Pain

0 1 2 3 4 5 6 7 8 9 10

Upper or Mid-back pain

YES

NO

No Pain

Highest Level of Pain

0 1 2 3 4 5 6 7 8 9 10

Low Back pain

YES

NO

No Pain

Highest Level of Pain

0 1 2 3 4 5 6 7 8 9 10