

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MRN: \_\_\_\_\_  
 Date: \_\_\_\_\_

| Please rate your symptoms based on how you are feeling today |      |      |   |          |   |        |   |
|--|------|------|---|----------|---|--------|---|
|  | None | Mild |   | Moderate |   | Severe |   |
|  |      |      |   |          |   |        |   |
| Headache   | 0    | 1    | 2 | 3        | 4 | 5      | 6 |
| "Pressure in head"   | 0    | 1    | 2 | 3        | 4 | 5      | 6 |
| Neck pain  | 0    | 1    | 2 | 3        | 4 | 5      | 6 |
| Nausea or vomiting   | 0    | 1    | 2 | 3        | 4 | 5      | 6 |
| Dizziness  | 0    | 1    | 2 | 3        | 4 | 5      | 6 |
| Blurred vision   | 0    | 1    | 2 | 3        | 4 | 5      | 6 |
| Balance problems   | 0    | 1    | 2 | 3        | 4 | 5      | 6 |
| Sensitivity to light   | 0    | 1    | 2 | 3        | 4 | 5      | 6 |
| Sensitivity to noise   | 0    | 1    | 2 | 3        | 4 | 5      | 6 |
| Feeling slowed down  | 0    | 1    | 2 | 3        | 4 | 5      | 6 |
| Feeling like "in a fog"                                      | 0    | 1    | 2 | 3        | 4 | 5      | 6 |
| "Don't feel right"   | 0    | 1    | 2 | 3        | 4 | 5      | 6 |
| Difficulty concentrating                                     | 0    | 1    | 2 | 3        | 4 | 5      | 6 |
| Difficulty remembering                                       | 0    | 1    | 2 | 3        | 4 | 5      | 6 |
| Fatigue or low energy  | 0    | 1    | 2 | 3        | 4 | 5      | 6 |
| Confusion  | 0    | 1    | 2 | 3        | 4 | 5      | 6 |

|  |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|
| Drowsiness                             | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |   |   |   |   |   |   |   |
| More emotional                         | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |   |   |   |   |   |   |   |
| Irritability                           | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |   |   |   |   |   |   |   |
| Sadness                                | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |   |   |   |   |   |   |   |
| Nervous or anxious                     | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|  |   |   |   |   |   |   |   |
| Trouble falling asleep (if applicable) | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Total number of symptoms of 22

Symptom severity score of 132

Do your symptoms get worse with physical activity? YES or NO

Do your symptoms get worse with mental activity? YES or NO

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why?

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