

CPP & LBP Questionnaire

Check the appropriate boxes that describe you in the last two weeks.

General Characteristics

Yes	Pain	Location	Right	Left
	Abdomen			
	Back			
	Buttocks			
	Legs			
	Vagina			
	Anus			
	Other			

Yes	Fatigue
	Mental
	Physical
	Other

Yes	Sleep Disturbance
	Unable to get to sleep in <30 min.
	Multiple awakenings a night
	Awaken feeling tired

Yes	Daily Activity disturbance
	Self care List:
	Work List
	Social/Recreational List:

Associated Symptoms

Yes	Symptom
	Headaches
	Memory Problems
	Allergies

Yes	Symptom
	Cold Hands or Feet
	Bowel Irregularities
	Bladder Irregularities

	Dry Mouth
	Blurred Vision
	Neck Pain/Upper Back Pain
	Jaw Pain

	Restless Leg Syndrome
	Hearing Irregularities
	Heart Palpitations
	Shortness of Breath

	Stiffness
	Numbness/Tingling
	Swelling
	Clumsiness

	Anxiety
	Depression
	Sexual Dysfunction
	Other

Figure 16

Symptom Pattern and Variation Questionnaire

Describe:

When do I feel.....	the Best	the Worst	Symptoms
Days of the Month			
Days of the Week			
Times of the Day			
Activities			
Foods/Nutrients			
Other			

When I feel lousy what helps the symptoms?

Figure 17

Work / Rest Cycle Report

Record the minutes of work time you can perform without increasing pain and fatigue. Then report the minutes of rest time needed between work cycles to keep pain at a minimum.

minutes	Work activity	Rest
1.		
2.		
3.		

Figure 18