THE KNIGHT CENTER FOR INTEGRATED HEALTH

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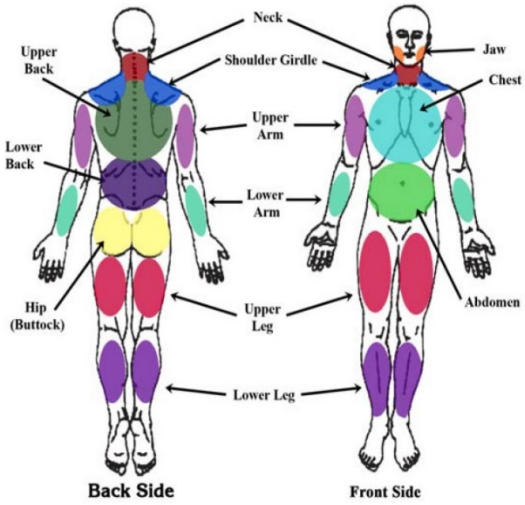
In the past week how have you felt? Check any areas you have felt pain in over the past week.

Check each area you have felt pain in over the past week.

- ☐ Shoulder girdle, left
- ☐ Shoulder girdle, right
- ☐ Upper arm, left
- ☐ Upper arm, right
- ☐ Lower arm, left
- ☐ Lower arm, right
- ☐ Hip (buttock) left
- ☐ Hip (buttock) right
- ☐ Upper leg left
- ☐ Upper leg right
- ☐ Lower leg left
- ☐ Lower leg right
- ☐ Jaw left
- ☐ Jaw right
- ☐ Chest
- ☐ Abdomen
- ☐ Neck
- ☐ Upper back
- ☐ Lower back
- ☐ None of these areas



In the following three areas indicate the severity of your symptoms over the past week using the following scale.

Symptom Severity Score (SS score) - Part 2a.

Indicate your level of symptom severity over the past week using the following scale.

Fatigue

- ☐ 0 = No problem
- ☐ 1 = Slight or mild problems; generally mild or intermittent
- ☐ 2 = Moderate; considerable problems; often present and/or at a moderate level
- ☐ 3 = Severe: pervasive, continuous, life disturbing problems

Waking unrefreshed

- ☐ 0 = No problem
- ☐ 1 = Slight or mild problems; generally mild or intermittent
- ☐ 2 = Moderate; considerable problems; often present and/or at a moderate level
- ☐ 3 = Severe: pervasive, continuous, life disturbing problems

Cognitive symptoms

- ☐ 0 = No problem
- ☐ 1 = Slight or mild problems; generally mild or intermittent
- ☐ 2 = Moderate; considerable problems; often present and/or at a moderate level
- ☐ 3 = Severe: pervasive, continuous, life disturbing problems

For the next part check any of the following you have experienced over the past week.

Symptom Severity Score (SS score)- Part 2b

Check each of the following OTHER SYMPTOMS that you have experienced over the past week?

- ☐ Muscle pain
- ☐ Irritable bowel syndrome
- ☐ Fatigue/tiredness
- ☐ Thinking or remembering problem
- ☐ Muscle Weakness
- ☐ Headache
- ☐ Pain/cramps in abdomen
- ☐ Numbness/tingling
- ☐ Dizziness
- ☐ Insomnia
- ☐ Depression
- ☐ Constipation
- ☐ Pain in upper abdomen
- ☐ Nausea
- ☐ Nervousness
- ☐ Chest pain
- ☐ Blurred vision
- ☐ Fever
- ☐ Diarrhea
- ☐ Dry mouth
- ☐ Itching
- ☐ Wheezing
- ☐ Raynauld's
- ☐ Hives/welts
- ☐ Ringing in ears
- ☐ Vomiting
- ☐ Heartburn
- ☐ Oral ulcers
- ☐ Loss/change in taste
- ☐ Seizures
- ☐ Dry eyes
- ☐ Shortness of breath
- ☐ Loss of appetite
- ☐ Rash
- ☐ Sun sensitivity
- ☐ Hearing difficulties
- ☐ Easy bruising
- ☐ Hair loss
- ☐ Frequent urination
- ☐ Painful urination
- ☐ Bladder spasms