HEAFNER HEALTH PHYSICAL THERAPY

TOS Symptom Checklist

Rate each symptom at the start of every phase

PHASE _____

NAME

DATE COMPLETED

HOW TO SCORE

Circle the number that best describes each symptom over the past week, not just today.

0 = none 0 1 2 3 4 5 6 7 8 9 10 10 = worst

PAIN SYMPTOMS

Arm or hand pain
Aching, burning, or sharp pain from shoulder to fingertips

0 1 2 3 4 5 6 7 8 9 10

Neck pain
Pain, tightness, or tension in the neck or base of skull

0 1 2 3 4 5 6 7 8 9 10

Shoulder aching
Deep ache or heaviness in shoulder or upper arm at rest

0 1 2 3 4 5 6 7 8 9 10

FUNCTIONAL IMPACT

Overhead activity
Symptoms worsened by reaching overhead or carrying bags

0 1 2 3 4 5 6 7 8 9 10

Sleep disruption
Woken by arm pain, tingling, or unable to get comfortable

0 1 2 3 4 5 6 7 8 9 10

Daily activity limit
Difficulty typing, driving, cooking, or routine tasks

0 1 2 3 4 5 6 7 8 9 10

NEUROLOGICAL SYMPTOMS

Numbness or tingling
Pins and needles, especially into ring and pinky fingers

0 1 2 3 4 5 6 7 8 9 10

Hand or grip weakness
Difficulty gripping, dropping things, or reduced strength

0 1 2 3 4 5 6 7 8 9 10

Cold or color change
Hand or fingers feel unusually cold, pale, or bluish

0 1 2 3 4 5 6 7 8 9 10

Total score — add all 9 ratings (max 90) _____ / 90

WHAT MAKES IT BETTER OR WORSE?

ANYTHING ELSE TO NOTE THIS PHASE?