

## **Describing Your Symptoms**

This worksheet covers the information healthcare providers (like physicians, physician assistants, and nurse practioners) usually want to know about symptoms. Not all questions apply to all symptoms. **You do NOT have to answer every question**. But thinking through some of these questions may help you better describe your symptoms or answer your provider's questions.

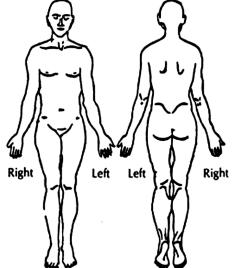
Use this worksheet for your own reference. Healthcare providers may become overwhelmed if you ask them to read it. For more information and examples see [reference and link to tookit]

What Is the Symptom (or set of symptoms)? Describe them:

Location – What areas of your body are affected?

Optional: Put an X or shade in the areas of your body where the symptoms are.

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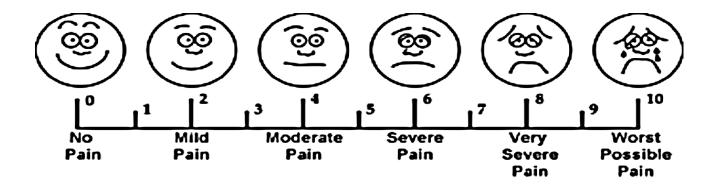
SYMPTOMS WORKSHEET

Quality - If the symptom is pain, what is the pain like?

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Severity - How bad is it? Does it bother you a little bit or a lot?

Optional: You may want to use a pain scale to describe how bad your pain is. Some people like these scales; others don't. If you are having pain, your provider may ask you to use a pain scale, so it may help to think about it in advance.



**Duration** – How long has it been going on? When did you first notice the symptom?

SYMPTOMS WORKSHEET

Onset - What were you doing when the symptom first started?

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**Frequency and Patterns** – Does the symptom come and go or is it there all the time? Can you predict anything about it?

**Change from Baseline** - What is normal for you? How is this problem different from how you usually feel?

What Makes it Worse/Better - What makes the symptoms feel better? What makes them worse?

AASPIRE SYMPTOMS WORKSHEET

**Related Symptoms** – Do you get other symptoms at the same time?

**Other People** – Do other people around you, like family and friends, have the same symptoms?

**Effect On Lifestyle or Activities** - How have the symptoms affected your life? Do they keep you from doing things that you normally do?

**Treatments –** What have you tried doing to treat your symptoms so far? Has it helped? What happened when you tried the treatment?

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## SYMPTOMS WORKSHEET

**Why now?** If this problem has been going on for a long time, what made you come in to see your healthcare provider now? Has anything changed recently?

**Your thoughts –** What do you think is causing the problem? Are you worried about something in particular?

**Other important details –** Is there anything else that you think may help your provider understand what is going on?