**A logo for a company

Description automatically generated5 Day Response Questionnaire**

Initials, Age, Pre-existing medical conditions

What body part have you injured?

How did the injury occur? (give as much detail as possible)

What direction or motion happened?

Describe the pain (i.e. Burning, aching, sharp, pins and needles)

Does anything make it better or worse?

Have you done anything to treat it yet? Has it helped?