

FRACTURE QUESTIONNAIRE

Do you have fractures?

Y/N Where? (circle and name all that apply, such as which ribs, fingers, toes, etc.)

Wrists: L/R
Hands: L/R
Fingers: L/R

Forearms:
Thumb Side: L/R
Insides: L/R

Elbows: L/R

Upper Arms: L/R

Shoulders: L/R

Shoulder Socket: L/R

Shoulder Blades: L/R

Clavicles: L/R

Breastbone: L/R

Ribs: L/R

Rib Cartilages: L/R

Feet: L/R

Toes: L/R

Ankles: L/R

Heel Bones: L/R

Lower Legs:

Shin bones: L/R

Outer bones: L/R

Knees: L/R

Kneecaps: L/R

Thighbones: L/R

Neck: L/R

Mid Back: L/R

Low Back: L/R

Tailbone: L/R

Coccyx: L/R

Pelvis: L/R

Hipbones: L/R

Hip Sockets: L/R

Forehead: L/R

Back of Head: L/R

Top of Head: L/R

Sides of head: L/R

Temples: L/R

Cheekbones: L/R

Nose: L/R

Eye Sockets: L/R

Jaw: L/R

Jaw Joints: L/R

Teeth: L/R

Tooth Sockets:

Upper: L/R

Lower: L/R