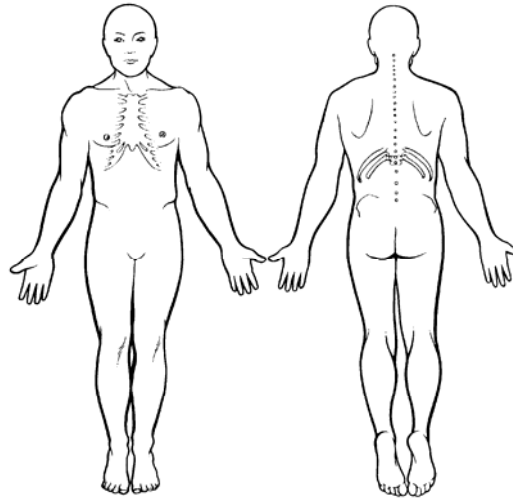


Body Chart:

Please mark the areas where you feel pain on the chart to the right



For the therapist

- + / - Cough/Sneeze
- + / - Saddle Anesth.
- + / - Bwl/Blddr Chnge
- + / - Numb/Ting.

On the scales below, please circle the number which best represents the severity of your pain is.

Average for the last 48 hours:

No Pain 0 1 2 3 4 5 6 7 8 9 10 **Worst Pain Imaginable**

Best for the last 48 hours:

No Pain 0 1 2 3 4 5 6 7 8 9 10 **Worst Pain Imaginable**

Worst for the last 48 hours:

No Pain 0 1 2 3 4 5 6 7 8 9 10 **Worst Pain Imaginable**

Please circle the number below which best represents your overall average level of function.

Cannot do anything 0 1 2 3 4 5 6 7 8 9 10 **Able to do everything**

What makes your symptoms better? _____

Please circle the activities which make your pain worse: sitting
 lying down standing
 walking stress

Any other activities that make your pain worse?:

Please list the best and worst time of day for your symptoms } Best -
 } Worst -

Aggravating Factors: Identify up to 3 important activities that you are unable to do or are having difficulty with as a result of your problem. List them below:

- 1) _____
- 2) _____
- 3) _____

Below for the Therapist:

Rating: _____
 Rating: _____
 Rating: _____
 AVG: _____

	Therapist Use	
Unable to perform activity	0 1 2 3 4 5 6 7 8 9 10	Able to perform activity at same level as before your (injury or problem)