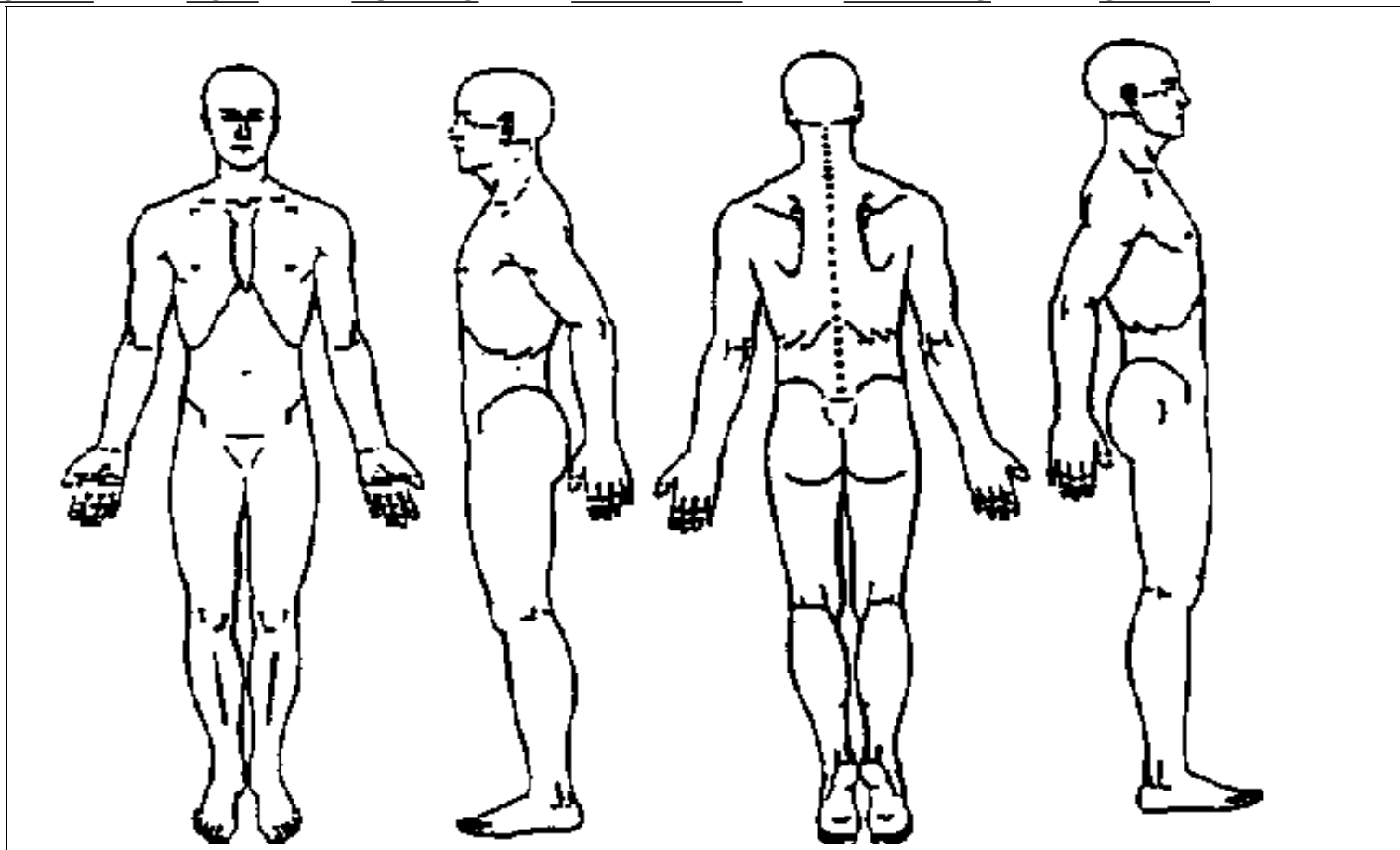


McGovern Physical Therapy Associates

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Where does it hurt? Mark all the areas where you feel pain on the bodies below. Put the symbols below on the body to describe the pain. Example: S = Sharp

SHARP DULL BURNING ELECTRICAL CRAMPING OTHER



SSSSS DDDD BBBB EEEEE CCCCC XXXX

Rate your pain at this moment on the scales below .

- 0 = None
- 1 – 2 = **MINIMAL:** Pain present but forgotten with activity
- 3 – 4 = **MILD:** Annoying but does not interfere with activity
- 5 – 6 = **MODERATE:** Pain requires changes of normal activity but is not disabling
- 7 – 8 = **SEVERE:** Pain prevents normal duties
- 9 – 10 = **VERY SEVERE:** Certain activities cause you to cry out in pain

Please mark below on a scale of one to ten the severity of your pain:

Neck	Middle of Back	Low Back
Rest: None 1 2 3 4 5 6 7 8 9 10 Severe	Rest: None 1 2 3 4 5 6 7 8 9 10 Severe	Rest: None 1 2 3 4 5 6 7 8 9 10 Severe
Activity: None 1 2 3 4 5 6 7 8 9 10 Severe	Activity: None 1 2 3 4 5 6 7 8 9 10 Severe	Activity: None 1 2 3 4 5 6 7 8 9 10 Severe
Shoulder Arm Wrist or Hand	Hip Knee Ankle or Foot	Head
Rest: None 1 2 3 4 5 6 7 8 9 10 Severe	Rest: None 1 2 3 4 5 6 7 8 9 10 Severe	Rest: None 1 2 3 4 5 6 7 8 9 10 Severe
Activity: None 1 2 3 4 5 6 7 8 9 10 Severe	Activity: None 1 2 3 4 5 6 7 8 9 10 Severe	Activity: None 1 2 3 4 5 6 7 8 9 10 Severe

Date: _____ Signature: _____