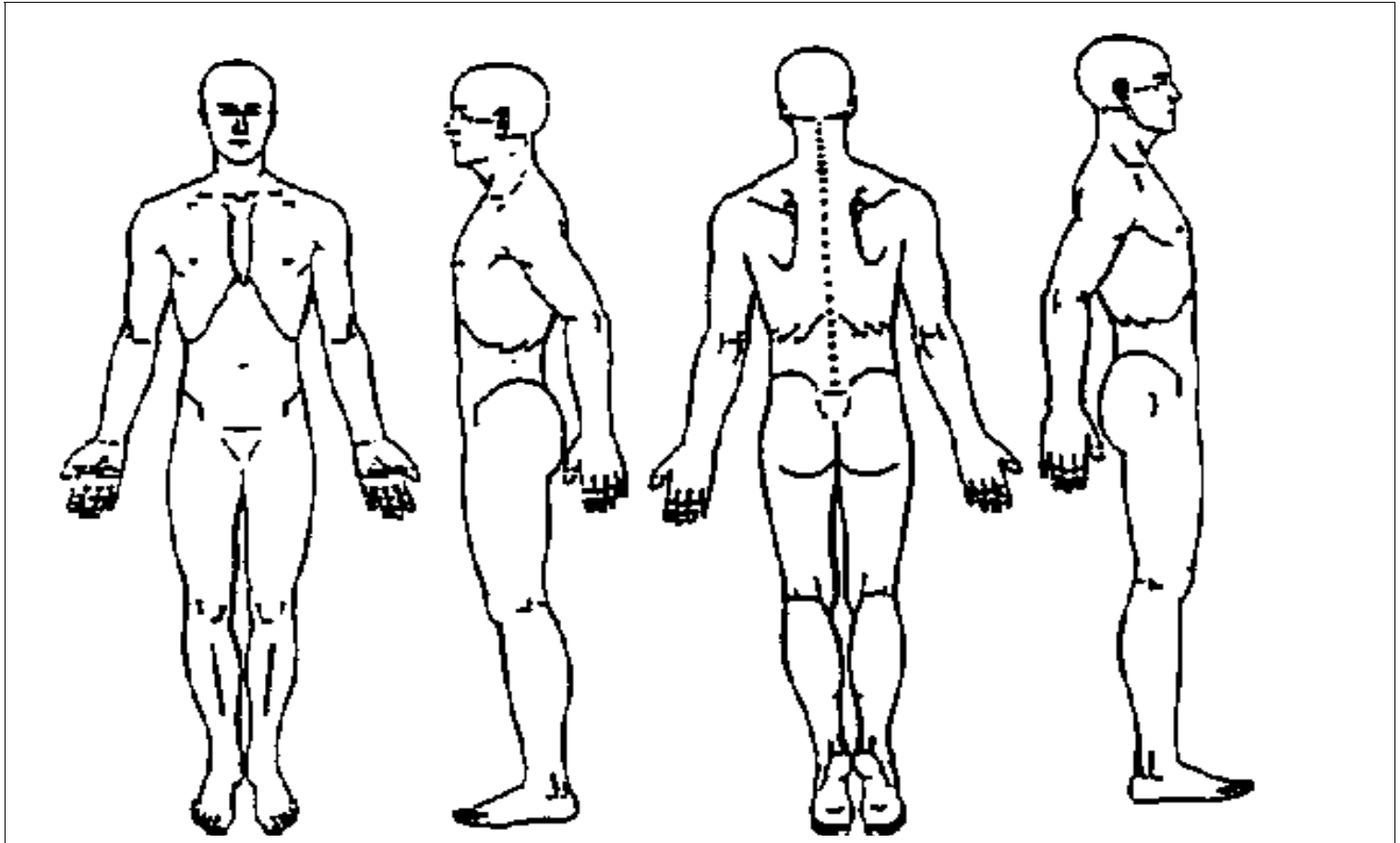


# McGovern Physical Therapy Associates

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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 BBBBBB EEEEE CCCCCC 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:**

<b>Neck</b>	<b>Middle of Back</b>	<b>Low Back</b>
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
<b>Shoulder Arm Wrist or Hand</b>	<b>Hip Knee Ankle or Foot</b>	<b>Head</b>
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: \_\_\_\_\_