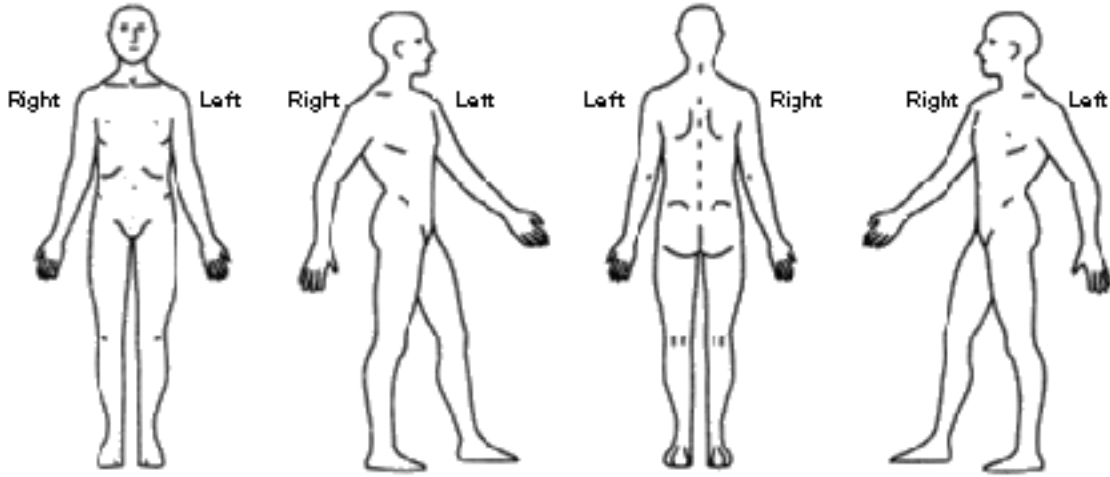


BODY CHART

Indicate all areas you are experiencing symptoms.

Patient name _____

Date _____



PAIN LEVELS

Body part _____

Worst pain	No pain	0	1	2	3	4	5	6	7	8	9	10	Severe Pain
Best pain	No pain	0	1	2	3	4	5	6	7	8	9	10	Severe Pain
Current pain	No pain	0	1	2	3	4	5	6	7	8	9	10	Severe Pain

PAIN LEVELS

Body part _____

Worst pain	No pain	0	1	2	3	4	5	6	7	8	9	10	Severe Pain
Best pain	No pain	0	1	2	3	4	5	6	7	8	9	10	Severe Pain
Current pain	No pain	0	1	2	3	4	5	6	7	8	9	10	Severe Pain

PATIENT SPECIFIC FUNCTIONAL SCALE

Instructions:

- Please list **3** activities that you are **UNABLE** to do or have moderate to extreme difficulty doing as a result of your issue.
EXAMPLE: Dressing, sleeping, work duties (specifics), climbing stairs, walking, standing, driving, reaching for items up high, squatting, etc.....
- For each activity that you list, please rate the level of difficulty as follows:

Please write down 3 functions ~ **0= Unable** to perform activity — — — **10= ABLE** to perform **without** issue

	Activity	0	1	2	3	4	5	6	7	8	9	10
1												
2												
3												
4												
5												

Therapist to score: Total score= sum of the activity scores/number of activities
 —detectable change (90% CI) for average score: 2 points minimum
 —detectable change (90% CI) for a single activity score= <3 points.

Signature _____

Date _____