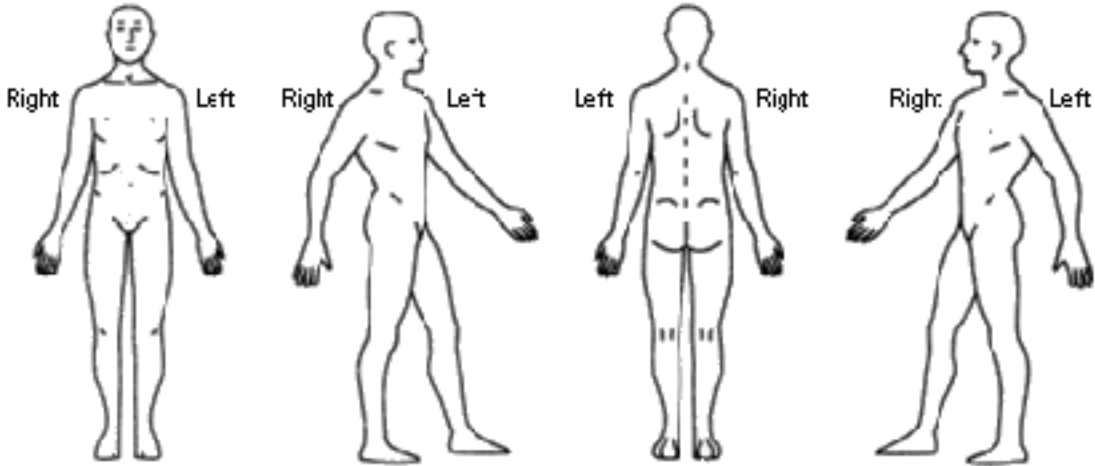


BODY CHART

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 (PSFS)

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.....

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												

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.

FUNCTIONAL OUTCOME STUDY SCORE: OSW _____ LEFS _____ NDI _____ Berg Bal _____

PSFS SCORE _____

PERCENTAGE OF IMPROVEMENT SINCE 1ST VISIT? _____

Signature _____

Date _____