



# Pain Assessment

Tell us how symptoms affect your function. Your therapist will review this information with you and complete any additional clinical measures as needed.

## PAIN SCALE

On a pain scale of 0-10, what number would you consider yourself right now?

☐

0

☐

1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

8

☐

9

☐

10

**0**

No Pain

**1-2**

Mild

**3-4**

Nagging / Uncomfortable

**5-6**

Miserable / Distressing

**7-8**

Intense / Dreadful

**9-10**

Worst / Unbearable

## BASELINE PAIN SCORES

Current Pain

Best Pain

Worst Pain

## PAIN PATTERN

When did this start?

What makes it worse?

What helps?

Your main goals for therapy



# Location of Discomfort

Use the symptom legend below to mark pain, burning, tingling, weakness, or other areas of concern directly on the body diagram.

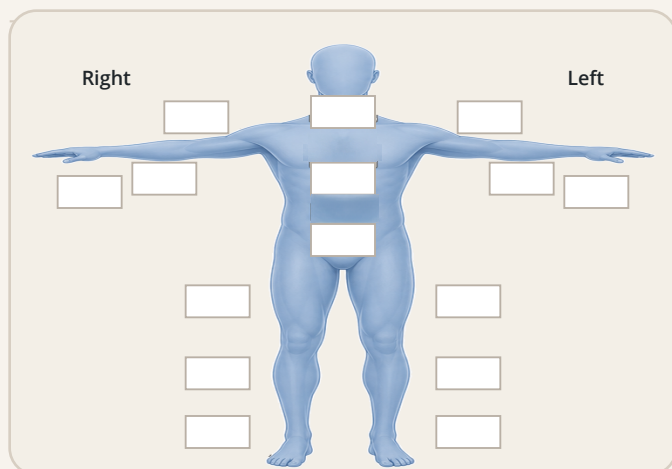
## SYMPTOM LEGEND

Legend: X = Pain, B = Burning, T = Tingling, W = Weakness.

Body boxes correspond to: Neck, Mid-back, Lower back, Shoulder, Elbow, Hand/Wrist, Hip, Knee, and Foot/Ankle. Mark the appropriate front/back and right/left box.

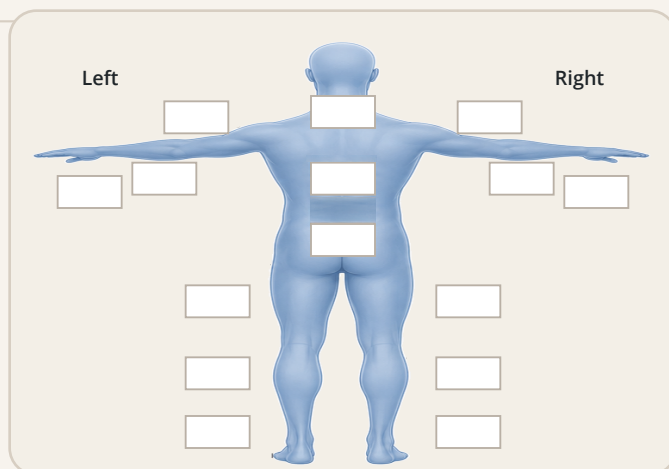
## BODY DIAGRAM

### Front



Areas of discomfort / symptom notes

### Back



Activities limited by symptoms



# Pain + Function Summary

Complete the summary fields so the therapist can understand baseline symptoms, triggers, easing factors, and therapy goals.

## FUNCTIONAL IMPACT

- ☐ Pain is present but does not limit activity
- ☐ Can do most activities with rest periods
- ☐ Unable to do some activities
- ☐ Unable to do most activities
- ☐ Unable to do any activities

## ADDITIONAL INFORMATION

Anything else you want your therapist to know?

Patient / Legal Guardian Signature

Date

Printed Name