

SPINE & SPORT

THERAPY • PERFORMANCE • WELLNESS

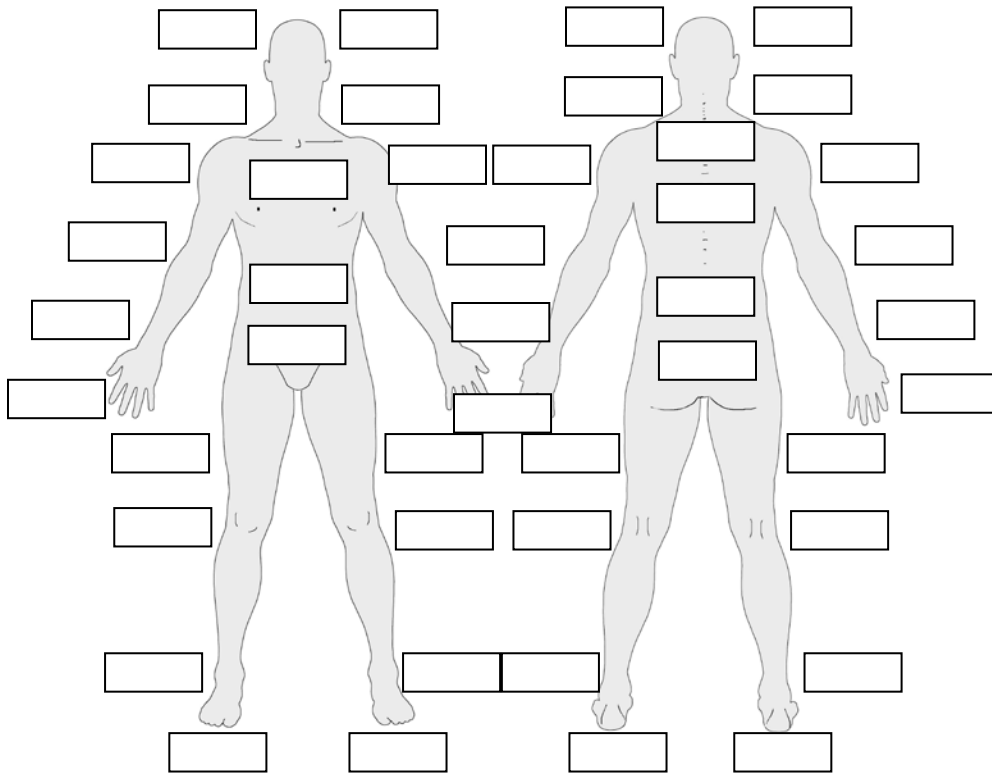
Name: Date: / /

Please use the drawings below to indicate where you are experiencing symptoms NOW.

Add hand-drawn arrows if desired.

Use the following key to indicate different types of symptoms.

Ache = **ZZZ** Stabbing = **XXX** Burning = **///////** Pins/Needles = **OOO** Stiffness = **^^^^**



Please indicate the intensity of your symptoms over the past 24 hours on the scales below:

RATE THE INTENSITY OF YOUR SYMPTOMS

0 = No Pain

Excruciating Pain = 10

WORST IN THE PAST 24 HOURS

0 1 2 3 4 5 6 7 8 9 10

LEAST IN THE PAST 24 HOURS

0 1 2 3 4 5 6 7 8 9 10