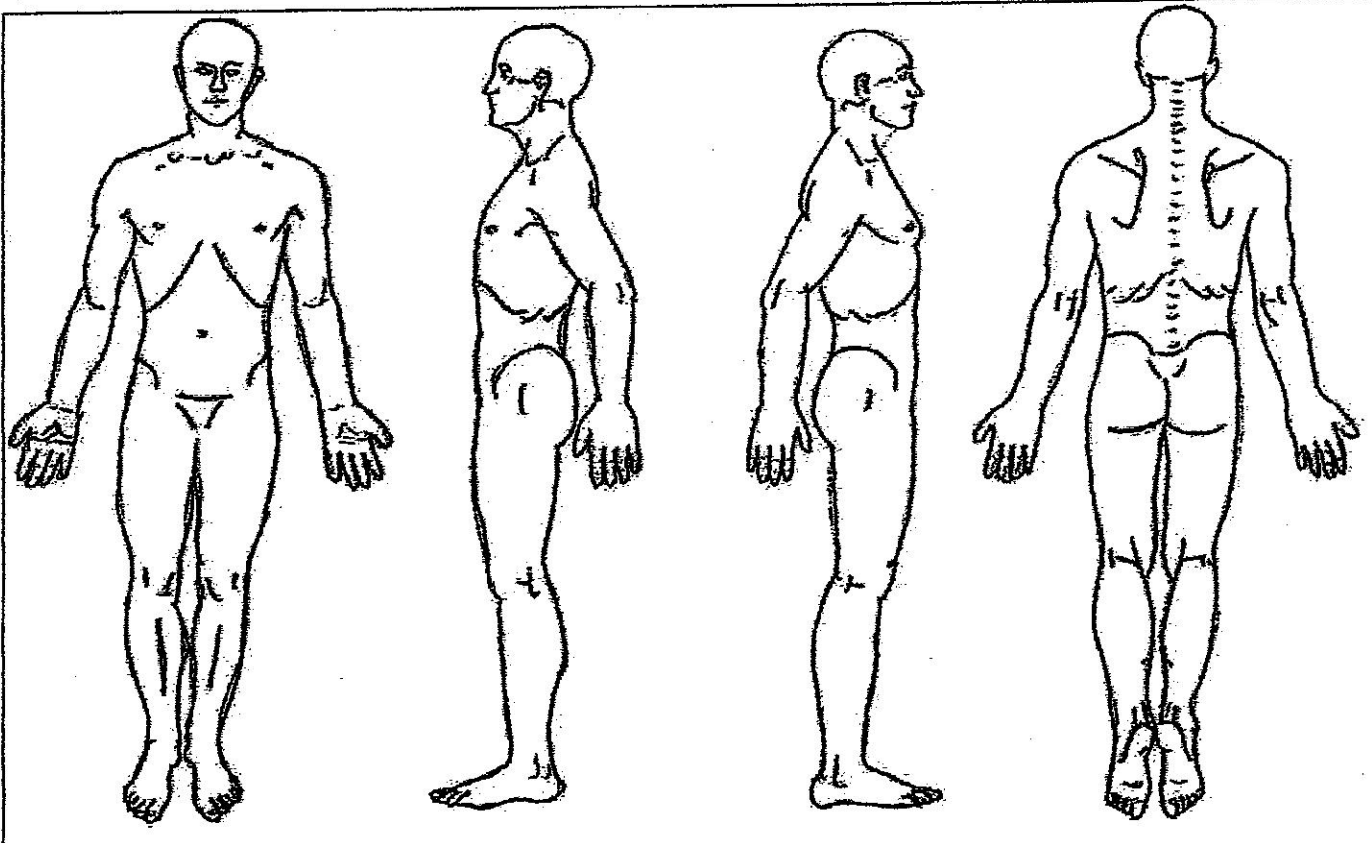


## Pain Assessment Form

Please mark or shade the areas where you feel pain on the diagram below (If applicable)



Next to each area marked above, please note the intensity of pain

No Pain		Minimal Pain		Tolerable, but hinders activity		High- 50% of activites are impaired		Extreme- most activities impaired		Unbearable	
0	1	2	3	4	5	6	7	8	9	10	

Signature of Patient: \_\_\_\_\_

Signature of Physical Therapist: \_\_\_\_\_