
On the scales below, Please circle the number which best represents the average level of pain you Have experienced over the last 48 hours:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain
Imaginable

Please circle the number below which best represents your overall average level of function:

Cannot do Anything 0 1 2 3 4 5 6 7 8 9 10 Able to do everything

What are your personal goals for therapy at this time? _____

Aggravating Factors: Identify up to 3 important activities that you are unable to do or are Having difficulty with as a result of your problem. List them below:

- 1) _____
- 2) _____
- 3) _____