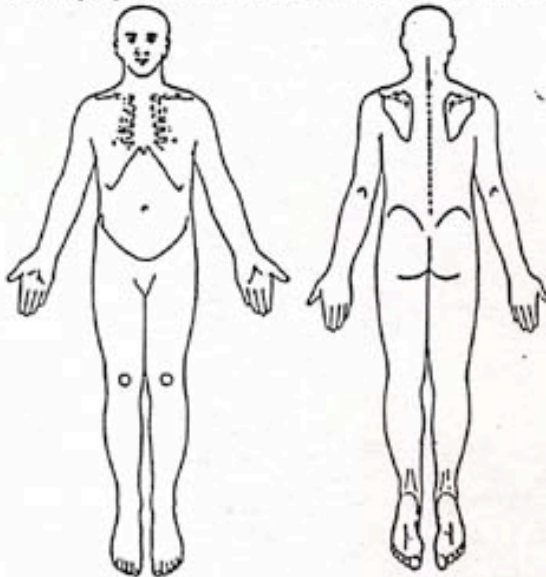


Flexibility & Pain Survey

Name: _____

Date: _____

Please describe the location and nature of your pain or sensory changes using the following figures. Mark the affected areas using the symbols and indicate whether these symptoms are CONSTANT, FREQUENT, OCCASIONAL or RARE.



Pain	
→	= shooting pain
^ ^	= ache
= =	= numbness
: :	= pins & needles
x x x	= burning
///	= stabbing
llll	= cramping

Please make a mark on the line below showing the severity of your pain. You may indicate a range if your pain level is variable. Use the second line if you have a second, separate area of pain.

Area 1: _____

Please rate the level of pain on a scale of 0-10.

0 1 2 3 4 5 6 7 8 9 10
mild moderate
discomfort pain extreme
pain

Area 2: _____

0 1 2 3 4 5 6 7 8 9 10
mild moderate
discomfort pain extreme
pain