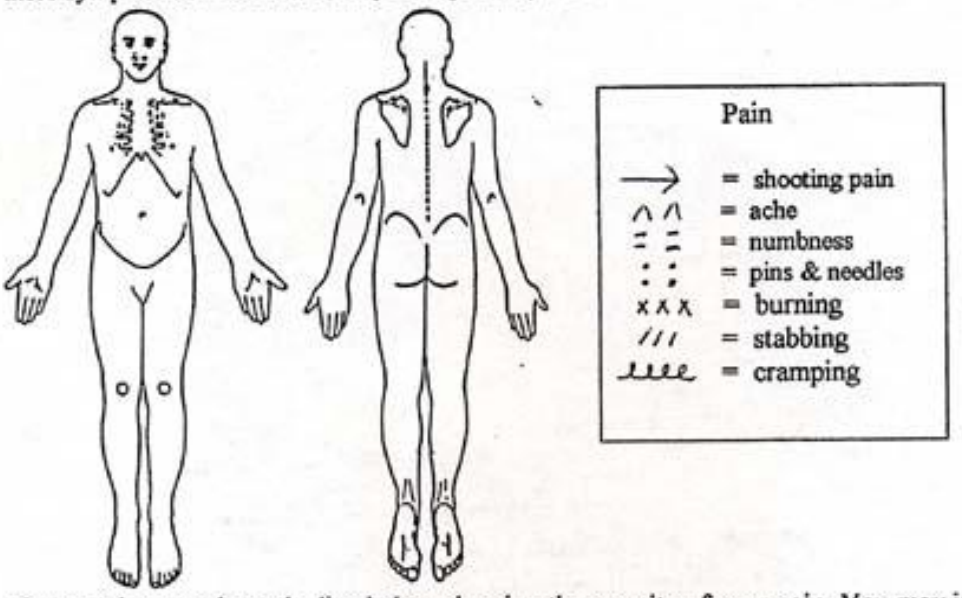
Flexibilty & Pain Survey

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.



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 discomfort				moderate pain					extreme pain

Area 2:_____

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