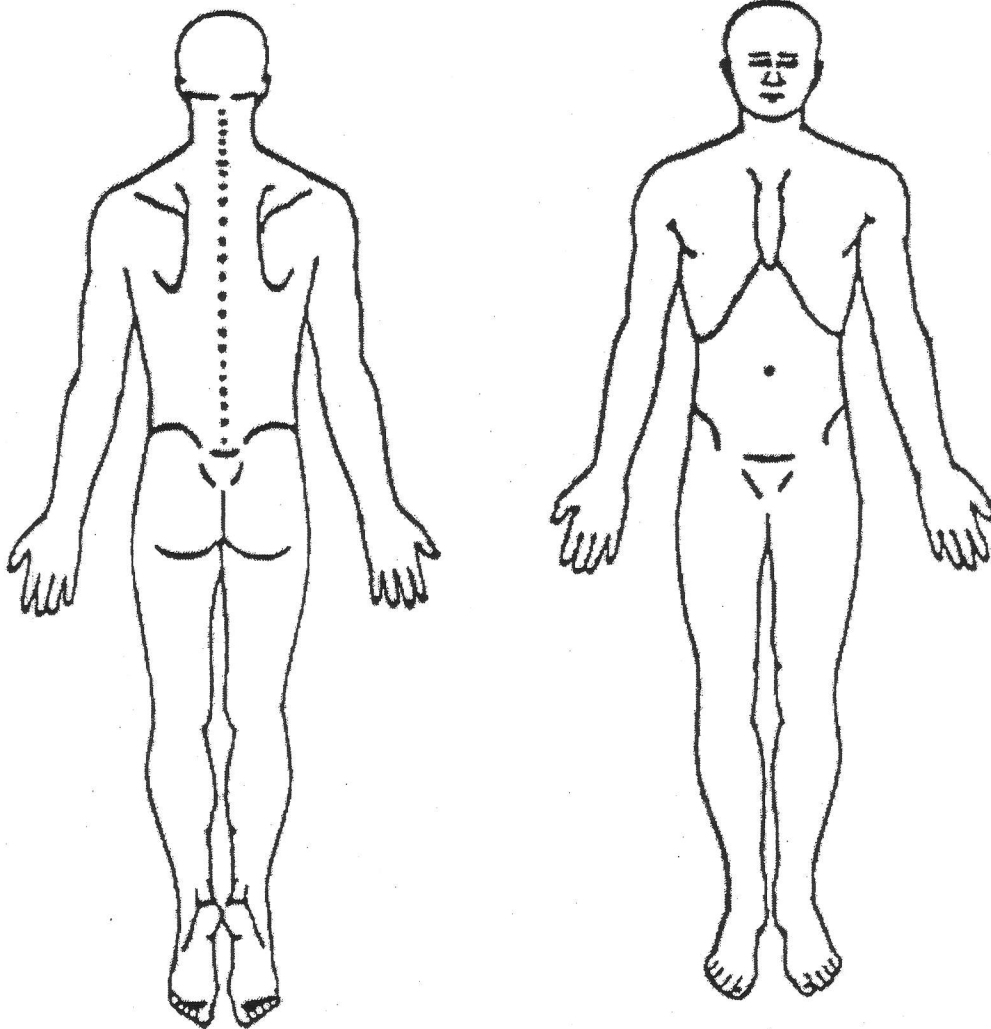


CURRENT SYMPTOMS ASSESSMENT

Patient: _____

Date: ____/____/____

Please Mark The Areas On Your Body Below Where You Are Having Pain. Use The 0 - 10 Pain Scale Below. Also, Indicate The % Of Time You Have It.



Pain Scale (0 - 10)

0-1	= Minimal	= The pain is an annoyance but does not stop me from working.
2-3	= Slight	= I can tolerate the pain but it causes some difficulty in doing my work. However, it does not stop me from working.
5	= Moderate	= The pain causes a marked handicap in my ability to work but I can continue.
7-8	= Moderate To Severe	= The pain is approaching the worst I have ever experienced or could imagine. It causes a significant problem with working and most of the time I can't.
10	= Severe	= The pain is the worst I have ever experienced or could imagine and causes me to stop all work and activity.