



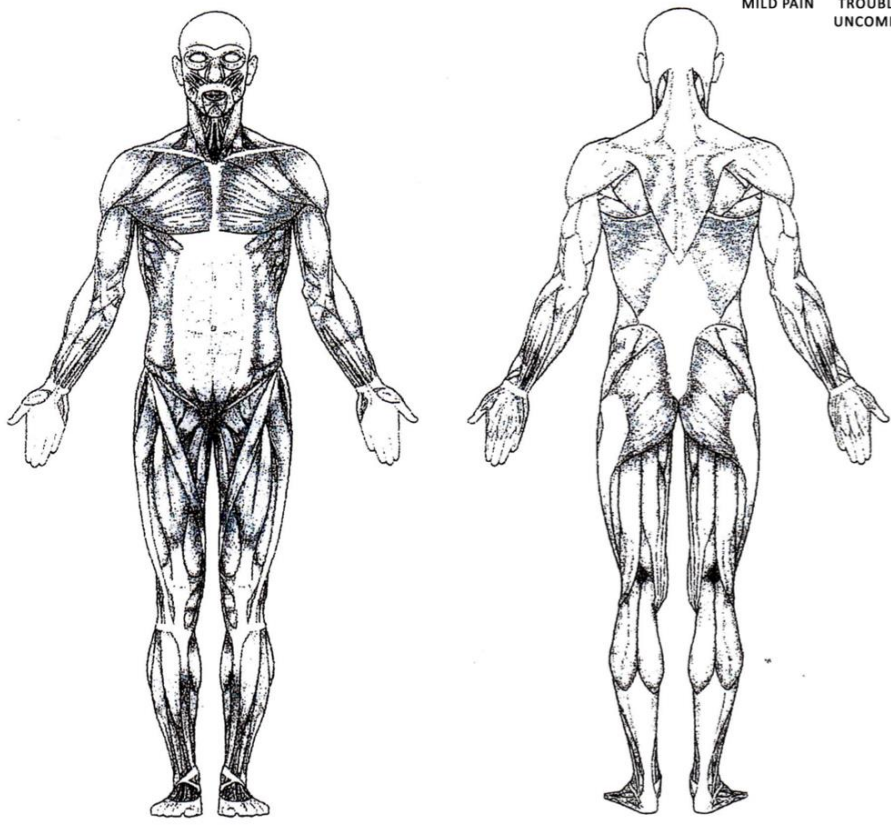
INNER SERENITY BODYWORKS
 LYNNE ALSTON LMT MA-15660
 105B WEST MAIN SUITE 112
 PUYALLUP, WA 98371
 253-640-3155

NAME _____
 DATE _____ TREATMENT# _____
 INSURANCE # _____

PAIN ASSESSMENT

PLEASE CIRCLE OVERALL PAIN LEVEL NUMBER

0	1	2	3	4	5	6	7	8	9	10
NO PAIN	ANNOYING MILD PAIN	NAGGING TROUBLESOME UNCOMFORTABLE	DISTRESSING MISERABLE	INTENSE, DREADFUL HORRIBLE	WORST POSSIBLE UNBEARABLE EXCRUCIATING					



PLEASE PLACE LETTERS ON BODY AREA OF DIAGRAM TO INDICATE TODAY'S DISCOMFORT

- P = PAIN
- B = BURNING
- A = ACHING
- T = TINGLING
- N = NUMBNESS
- S = STIFFNESS
- H = HEADACHE
- BR = BRUISE

ACTIVITIES OF DAILY LIVING: PLEASE CIRCLE THE ACTIVITIES THAT ARE **CAUSING PAIN, LIMITATIONS, OR ABILITY TO PERFORM.**

HYGIENE: BATHING SHOWERS SHAVING HAIR CARE TOILET DRESSING - UPPER BODY DRESSING - LOWER BODY
 OTHER _____

TASKS: CLEANING YARD WORK CHILD CARE PUSH-PULL TASKS REACHING-LOW REACHING-HIGH DRIVING
 OTHER _____

TRANSFERS: BED BATHTUB CAR CHAIR ONTO BACK ONTO SIDE STANDING FROM SITTING SITTING DOWN
 OTHER _____

ENDURANCE: PLEASE CIRCLE IN **HOURS** YOUR ABILITY TO PERFORM THE FOLLOWING TASKS:

- DRIVING: ¼ ½ ¾ 1 2 3 4 5 6 7 OR MORE COMMENTS: _____
- SITTING: ¼ ½ ¾ 1 2 3 4 5 6 7 OR MORE COMMENTS: _____
- SLEEPING: ¼ ½ ¾ 1 2 3 4 5 6 7 OR MORE COMMENTS: _____
- STANDING: ¼ ½ ¾ 1 2 3 4 5 6 7 OR MORE COMMENTS: _____
- WALKING: ¼ ½ ¾ 1 2 3 4 5 6 7 OR MORE COMMENTS: _____

CLIENT SIGNATURE _____ PROVIDER SIGNATURE _____