

Patient Progress Report

It is very important for us to monitor your progress within our office. The following questions will give us a better picture of how you are doing under our care. It will document whether you are getting better or finally becoming permanent and stationary.

Answer the following questions **BASED ON THE AVERAGE OF HOW YOU HAVE FELT** over the last few days.

Grade yourself by putting an X on each line below.

EXAMPLE	(NOTHING WRONG)	-----X-----	(REALLY BAD!)
PAIN INTENSITY (SEVERITY)	No pain at all	-----	Terrible, excruciating, just shoot me
PHYSICAL ACTIVITY	I can do any activity I choose	-----	I am bedridden
PERCENT OF TIME PAIN FELT	No pain at any time	-----	It is constant pain even in my sleep
EFFECTS ON MOOD	I am in a great mood	-----	I am greatly depressed & panicky
PERCENT OF TIME DRUGS NEEDED	I don't need any drugs at all	-----	I need drugs constantly
EFFECTS ON SEXUAL ACTIVITY	There are no effects on my ability	-----	Even with the opportunity I can't function
OVERALL WELL BEING	I feel great	-----	I want to just die
OVERALL ENERGY	I have lots of energy	-----	I have NO energy at all

*** Describe in words how this condition makes you feel emotionally about your life in general. _____

Name _____

Date _____

TURN OVER AND COMPLETE THE OTHER SIDE

Draw where your pain is on the body chart and use the symbols above the drawing to indicate the kind of feeling in the area of pain.

ACHE

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BURNING

B B B

B B B B

NUMBNESS

X X X

X X X X

PINS & NEEDLES

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STABBING

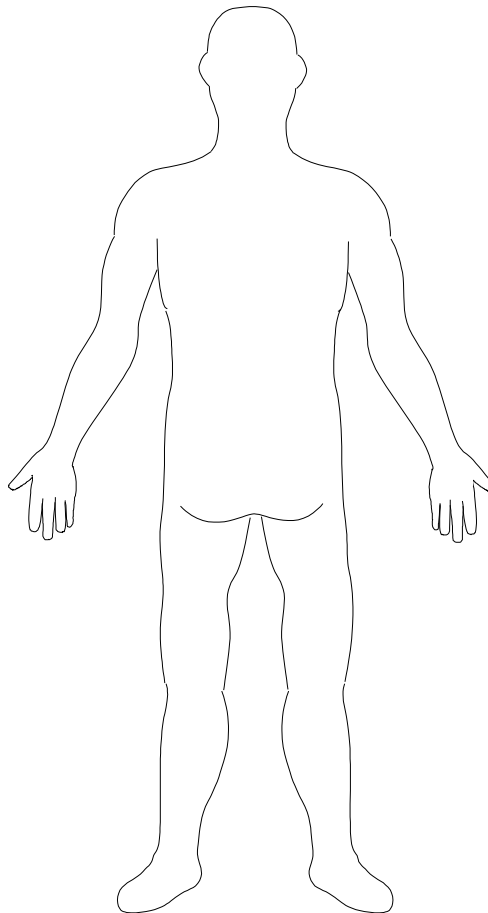
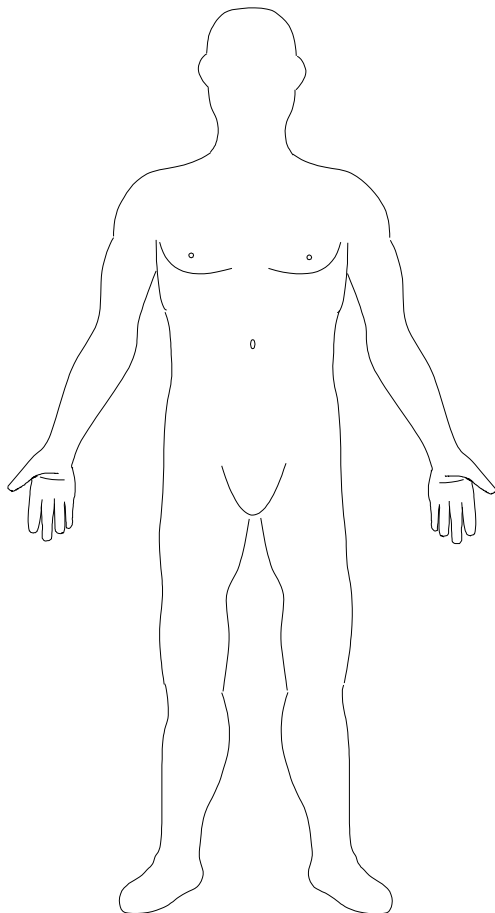
Z Z Z

Z Z Z Z

OTHER

O O O

O O O

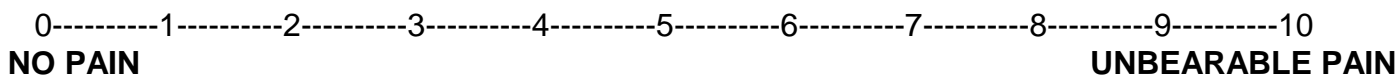


Please put three marks on the below line scale.

(A) for initial severity of the pain when you first noticed your pain or discomfort.

(B) for what the average has been since it started.

(C) for what it feels like now.



What do you think might have caused or set off this problem? _____

What kinds of activities or body movements make it feel WORSE? _____

What kinds of activities or body movements make it feel BETTER? _____