

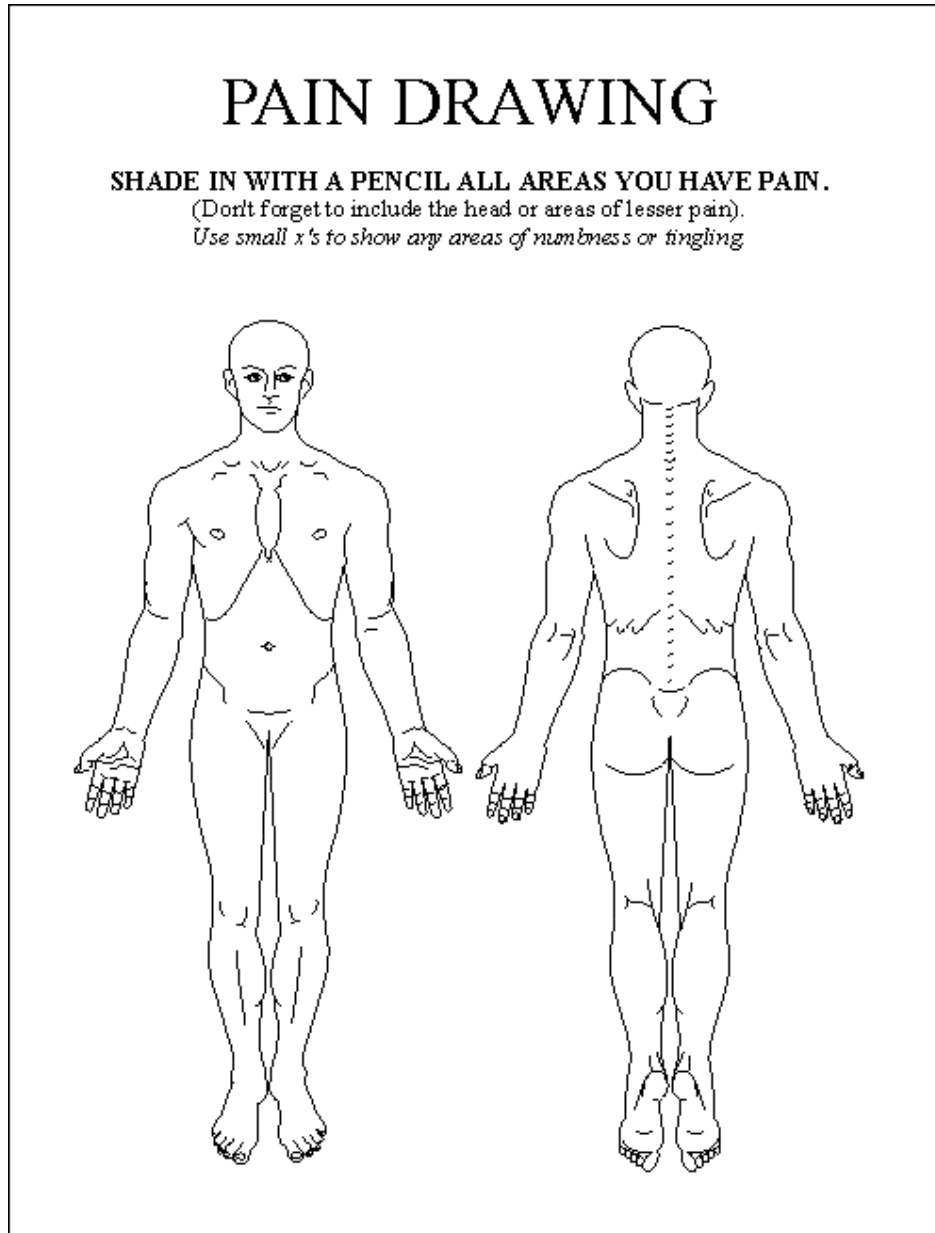


Spine • Orthopaedic • Sport
PHYSICAL THERAPY

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Tim Fagerson, PT, DPT, MS

Name: _____ Date: _____ SOSPT#: _____



On a scale of 0-10, where 0 is no pain and 10 is the worst pain you can imagine, please indicate the intensity of your pain: now _____/10; at best _____/10; at worst _____/10; and on average _____/10.

Pain can be difficult to quantify, thank you for giving it a try.