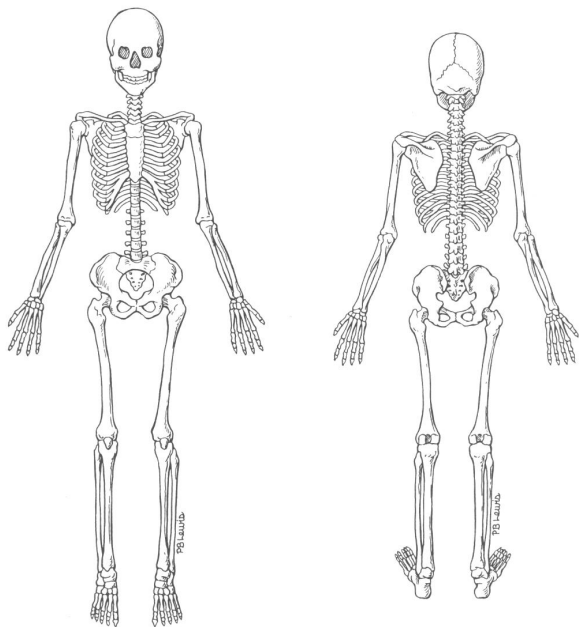


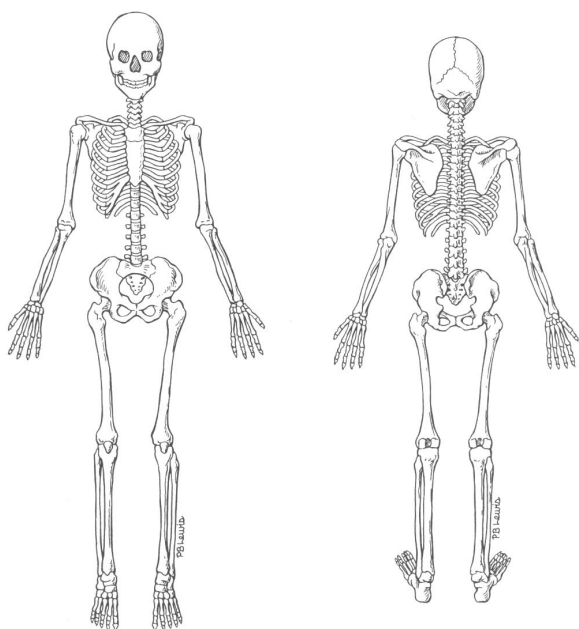
**Name:** \_\_\_\_\_

What is the primary purpose of today's AquaStretch session? \_\_\_\_\_

**Before AquaStretch Session**



**Immediately After**



Please use this form to rate your pain today before and immediately after your session.

**STEP 1.**  
On the diagrams, **circle** the specific body area(s) that hurt.

**STEP 2.**  
**Place a number beside** each circle:

- 0** – Pain free
- 1** – Pain is hardly noticeable
- 2** – Pain is minor annoyance, comes & goes
- 3** – Pain is somewhat distracting
- 4** – Pain is quite distracting
- 5** – Pain cannot be ignored for more than a few minutes at a time
- 6** – Pain is always there (may still do daily activities)
- 7** – Pain is always there (difficult to concentrate, interferes with sleep; you can still function with effort)
- 8** – Pain severely limits physical activity. Nausea and dizziness may result from pain.
- 9** – Pain makes you unable to speak.
- 10** – Pain makes you pass out. Intolerable.

Additional Comments (if desired): \_\_\_\_\_