

# PATIENT TREATMENT PROGRESS FORM

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

For Section 1, please relate your improvement in percentage. For Section 2, describe on a scale of 1-10 how intense your pain level is **currently**. A zero indicates no symptoms exist. A 1-3 level is a mild level and indicates that your pain is an annoyance primarily. A 4-7 level is moderate in severity and should restrict or limit activity to some degree. An 8-10 level is severe and means that the pain intensity is to a point where some or complete disability exists. For Sections 3-5, please relate your improvement in percentage. Please circle all areas that best apply to you.

## SECTION 1—OVERALL ACTIVITY PROGRESS

I have made approximately \_\_\_\_\_ % improvement in my overall ability to perform home, recreational, social, and work activities since the first date I saw the Doctor. **CHECK THE APPROPRIATE BOX.**

0	10	20	30	40	50	60	70	80	90	100
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## SECTION 2—CURRENT PAIN INTENSITY LEVELS

Check the box following the area of pain that best indicates your average-usual pain severity **DURING TODAY**.

PAIN FREQUENCY	NONE			MILD		MODERATE			SEVERE		
HEADACHE	0	1	2	3	4	5	6	7	8	9	10
NECK PAIN	0	1	2	3	4	5	6	7	8	9	10
MID BACK PAIN	0	1	2	3	4	5	6	7	8	9	10
LOW BACK PAIN	0	1	2	3	4	5	6	7	8	9	10

## SECTION 3—CURRENT PAIN FREQUENCY LEVELS

Check the box following the area of pain that best indicates what percentage of time you have pain **TODAY**.

PAIN FREQUENCY	NONE	OCCASIONAL		INTERMITTENT			FREQUENT			CONSTANT	
HEADACHE	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
NECK PAIN	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
MID BACK PAIN	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
LOW BACK PAIN	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

## SECTION 4—OVERALL SYMPTOM INTENSITY PROGRESS

I have made approximately \_\_\_\_\_ % improvement in my overall symptom intensity since the first date that I saw the Doctor. **CHECK THE APPROPRIATE BOX.**

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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## SECTION 5—OVERALL SYMPTOM FREQUENCY PROGRESS

I have made approximately \_\_\_\_\_ % improvement in my overall symptom frequency since the first date that I saw the Doctor. **CHECK THE APPROPRIATE BOX.**

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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