

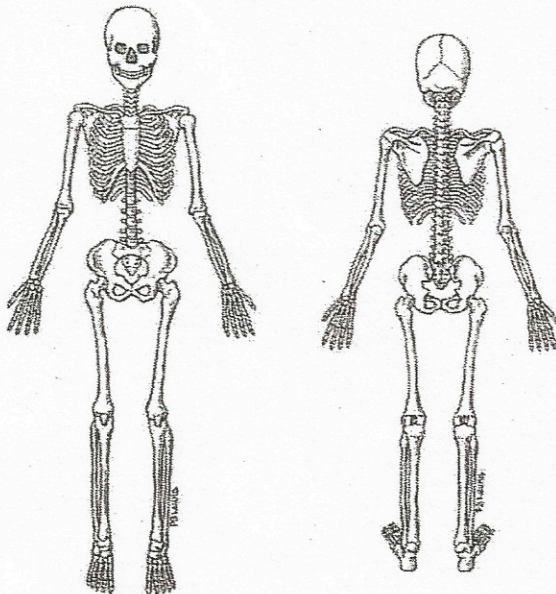
AquaStretch™ – Client Evaluation Form

Date: _____

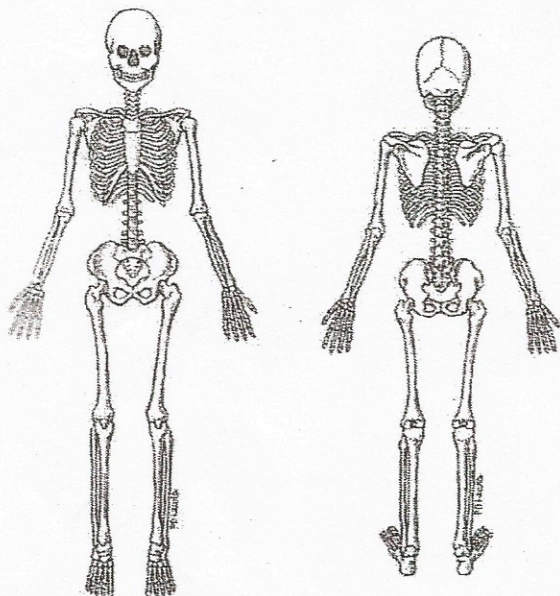
Name: _____

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): _____

