

# Atlantic Physical Therapy

## Pain Profiles

Please answer the following questions about your pain:

1) Pain is at it's worst: \_\_\_ at rest \_\_\_ with activity \_\_\_ no pattern

2) What activities increase your pain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Pain is at it's worst: \_\_\_ early morning \_\_\_ later in the day \_\_\_ at night

4) What activities or movements alleviate pain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) How long does pain usually last: \_\_\_\_\_

6) What activities are you not performing or are difficult due to your pain (work and recreation included)

7) Anything significant about your pain we should know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please shade in the area(s) corresponding to your pain or numbness

