

Pain Perception Report of Body

Form PPR

Participant Name: _____ Date: _____

Still = Pain Report while Stationary **Motion** = Pain with Range of Movement **Tender** = Response to Palpation

3 = High Discomfort **2** = Moderate Discomfort **1** = Slight Discomfort **—** = No Discomfort

Pre = Pre Treatment Pain Report Pst = Post Treatment Pain Report	Left Side of Body						Right Side of Body					
	Still		Motion		Tender		Still		Motion		Tender	
	Pre	Pst	Pre	Pst	Pre	Pst	Pre	Pst	Pre	Pst	Pre	Pst
Headaches or Facial Tension												
Jaw Pain or TMJ Disorder												
Neck or Cervical Spine Pain												
Upper Back or Thoracic Spine Pain												
Lower Back or Lumbar Spine Pain												
Chest, Ribs, or Breast Tenderness												
Abdominal Pain or Discomfort												
Hip or Buttocks Pain or Stiffness												
Knee or Upper Leg Pain or Stiffness												
Ankle or Calf Pain or Swelling												
Foot, Ankle, or Toes Pain												
Hand or Fingers Pain or Swelling												
Wrist or Forearm Pain or Swelling												
Elbow or Upper Arm Pain or Stiffness												
Shoulder Pain or Stiffness												
Skin Irritation or Skin Disorder												
Eye Irritation or Visual Disorder												
Ear Problem or Hearing Disorder												
Sore Throat or Fever												
Stomachache or Nausea												
Intestinal Pain or Disorder												
Heart Disorder or Circulatory Problem												
Lung Disorder or Respiratory Problem												
Liver Disorder												
Kidney Disorder												
Pancreas Problem or Diabetes												
Bladder Disorder												
Genital Pain or Genital Disorder												