ELEVATION
PHYSIOTHERAPY & WELLNESS

Name: ______________________________

Date: ______________________________

P4 Instrument

When answering these questions, think only of the pain you are experiencing in relation to the problem for which you are having treatment.

Circle 1 number for each of the 4 questions.

On average, how bad has your pain been:

	No Pain										Pain as bad as it can be
In the morning over the past 2 days	0	1	2	3	4	5	6	7	8	9	10
In the afternoon over the past 2 days	0	1	2	3	4	5	6	7	8	9	10
In the evening over the past 2 days	0	1	2	3	4	5	6	7	8	9	10
With activity over the past 2 days	0	1	2	3	4	5	6	7	8	9	10

Score:

Patient Name: ______________________________

Date: ______________________________

P4 INSTRUMENT

When answering these questions, think only of the pain you are experiencing in relation to the problem for which you are having treatment.

Circle 1 number for each of the 4 questions.

On average, how bad has your pain been:

	No Pain										**Pain as Bad as it Can Be**
In the morning over the past 2 days?	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
In the afternoon over the past 2 days?	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
In the evening over the past 2 days?	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
With activity over the past 2 days?	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

Score: ________