

Exercise Progress Chart

Patient Name _____

Patient ID # _____

Date at start of Exercise Program: _____

Please rate the severity of your pain or discomfort before beginning this exercise program. Draw a vertical line that indicates the severity of your average pain over the past week.

No Pain

Unbearable Pain



Rate how much your _____ problem affects everyday and work activities as you begin this exercise program. Draw a vertical line that indicates how much your problem limits your daily function:

Not Limited

Severely Limited



In the chart below, please check a box for each day you do your prescribed exercises:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Comments
Week 1								
Week 2								
Week 3								
Week 4								

Date at end of Exercise Program: _____

On the scale below, draw a vertical line that indicates the severity of your pain or discomfort at the end of this exercise program.

No Pain

Unbearable Pain



On the scale below, draw a vertical line that indicates how much your problem limits your daily activity level at the end of this exercise program.

Not Limited

Severely Limited



Please comment on how you feel the prescribed exercise program has affected your pain or discomfort and ability to perform daily activities. _____