

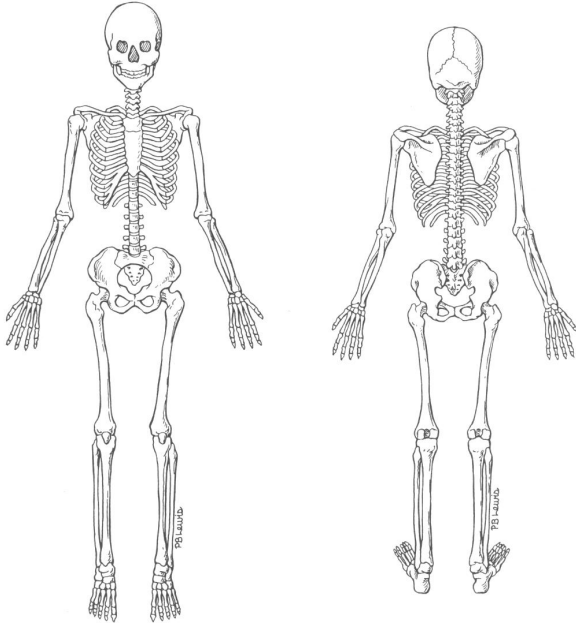
AquaStretch™ Session Record

Client Pre-Post Session Pain Rating

Client Name: _____ Date: _____

Client goals for this session: _____

Before AquaStretch Session



Please use this form to rate your pain today before and immediately after your session.

STEP 1.

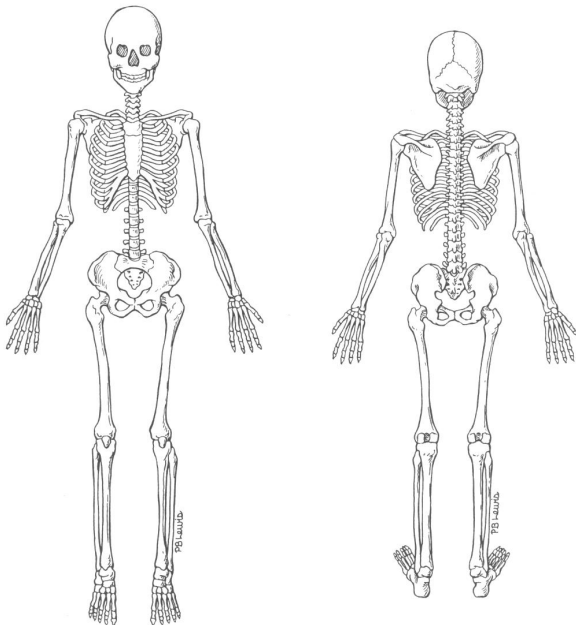
On the diagrams, **circle** the specific body area(s) that hurt.

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.

Immediately After



AquaStretch™ Session Record

Facilitator Observations

AquaStretch Facilitator: _____

Grip and Position	✓	Notes
Wall hang: Foot grip		
Wall hang: Ankle grip		
Wall hang: Toe grip		
Wall hang: IT Band		
Wall hang: Hip roll		
One Leg Standing		
Two Heavy Feet: Lean Back		
Two Heavy Feet: Cops		
Modified Head Hang		
Trap Tap & Release Scap		

