

PERFORMANCE PAIN SYMPTOM MONITOR FOR DANCERS & PARADERS



Name: _____ Date of Birth: _____ Age: _____

PERFORMANCE OVERVIEW

Is your right or left leg dominant? Right Left

What type of dance/parading do you do (primary)? _____
 Secondary? _____

What surface do you perform on? _____

Other genres/styles? _____

How old were you when you started dancing/parading? _____

What type of dance/parading? _____

Did you receive professional training? If so, where and when? _____

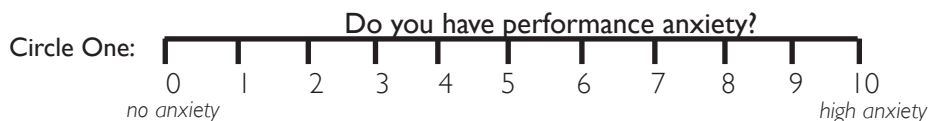
On average in the past 6 months, how many hours per week do you PRACTICE? _____ Hours.

On average in the past 6 months, how many hours per week do you PERFORM? _____ Hours.

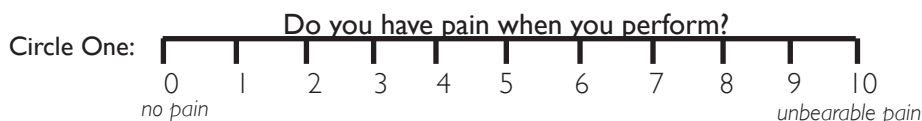
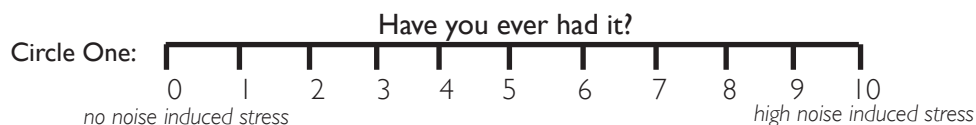
Do you warm up before you perform? How? _____

What is your primary occupation? _____

What is your upcoming performance schedule? _____



Have you heard of noise induced stress? Yes No



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INJURIES

Have you had any injuries that you believe affect your ability to perform? If so, please describe. (If you need more space, please continue on the back of this page.) _____

Were you ever treated for these injuries? Yes No

If yes, by whom? Doctor Chiropractor Physical Therapist Other _____

If you haven't been treated, why not? _____

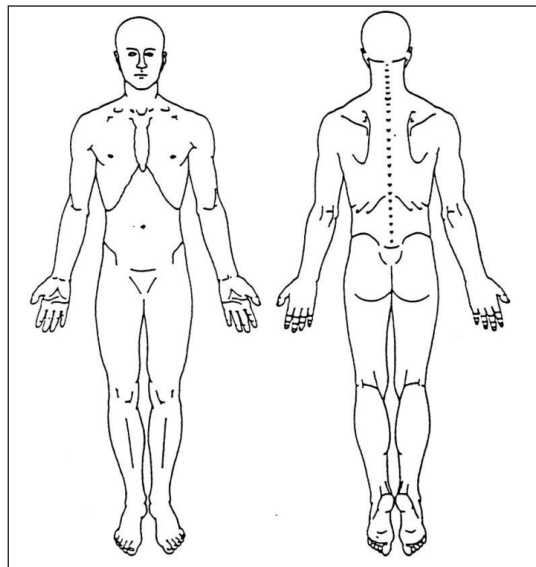
Check all symptoms that apply to your injury below:

- dull ache
- difficulty walking
- fatigue
- slowed finger
- weakness
- inaccurate fingering
- throbbing
- stiffness
- discomfort
- tingling
- sharp shooting
- sharp non-shooting
- numb
- stinging/burning
- cramping
- swelling
- tenderness
- redness
- other _____

Please **EITHER** mark the diagram below **OR** fill in the chart on the next page.

On the diagrams to the right, indicate all areas the symptoms below with the corresponding symbol.

- pain : P
- numbness : nbn
- tingling : ttt



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In the past 6 months, please indicate what symptoms you have had. (mark all that apply)

Area of Injury	None	Pain	Weakness	Stiffness	Swelling	Numbness or Tingling	Decreased Coordination	Other Symptoms
Mouth								
Neck								
Upper Back								
Lower Back								
Shoulder/Upper Arm (right)								
Shoulder/Upper Arm (left)								
Elbow/Forearm (right)								
Elbow/Forearm (left)								
Wrist/Hand (right)								
Wrist/Hand (left)								
Hip/Buttocks/Thigh								
Knee/Lower Leg								
Ankle/Foot/Toes								
Other (please specify)								

In the past 6 months, have you had symptoms associated with dancing/parading? Yes No

If YES, it STARTS about _____ minutes/hours after I start to dance/parade.

it STOPS about _____ minutes/ hours after I stop dancing/parading.

Other patterns? _____

In the past 6 months, have you missed practice, rehearsals or performances due to symptoms?

Yes, approximately ____ days No

Do you have any other conditions, illnesses and medicines which may be impacting your pain?

PLEASE USE BACK OF THIS PAGE TO PROVIDE US WITH FURTHER INFORMATION TO AID YOUR PROVIDER IN HELPING YOU.