



Athletes and the Arts



NEW ORLEANS MUSICIANS' CLINIC & ASSISTANCE FOUNDATION

# PERFORMANCE PAIN SYMPTOM MONITOR

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

## PERFORMANCE OVERVIEW

Are you Right or Left Handed?  Right  Left

What instrument(s) do you play? \_\_\_\_\_

Other instruments? \_\_\_\_\_

What is your primary genre/style? \_\_\_\_\_

Other genres/styles? \_\_\_\_\_

How old were you when you started playing? \_\_\_\_\_ What instrument? \_\_\_\_\_

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.

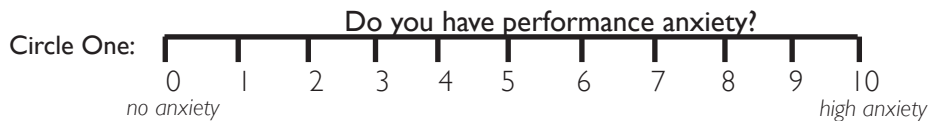
On average in the past 6 months, how many hours per week do you PERFORM? \_\_\_\_\_ Hours.

Do you warm up before you perform? How? \_\_\_\_\_

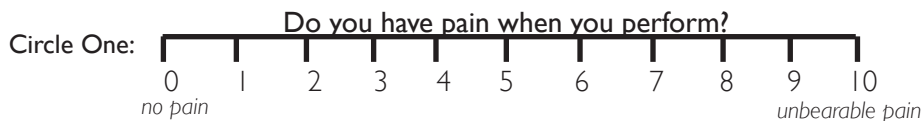
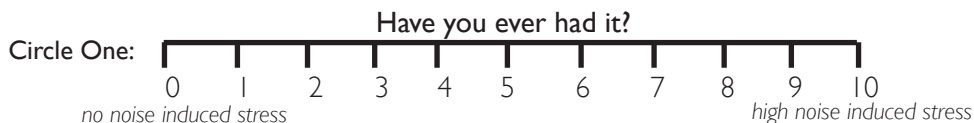
On average in the past 6 months, how many hours per week do you TEACH? \_\_\_\_\_ Hours.

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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

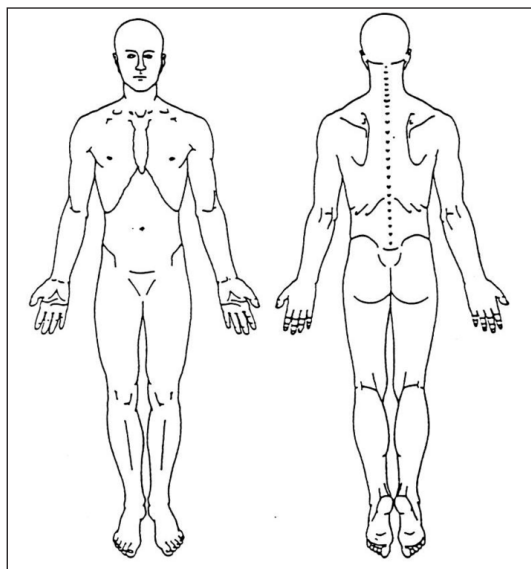
Check all symptoms that apply to your injury below:

- 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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# PERFORMANCE PAIN SYMPTOM MONITOR

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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 <i>(right)</i>								
Shoulder/Upper Arm <i>(left)</i>								
Elbow/Forearm <i>(right)</i>								
Elbow/Forearm <i>(left)</i>								
Wrist/Hand <i>(right)</i>								
Wrist/Hand <i>(left)</i>								
Hip/Buttocks/Thigh								
Knee/Lower Leg								
Ankle/Foot/Toes								
Other <i>(please specify)</i>								

In the past 6 months, have you had symptoms associated with playing instruments?  Yes  No

If YES, it STARTS about \_\_\_\_\_ minutes/hours after I start to play.

it STOPS about \_\_\_\_\_ minutes/ hours after I stop playing.

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?

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