



5. What makes the pain better:

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6. What makes the pain worse:

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7. Have I experienced this pain before? Yes / No

8. My pain is impacting my ability to (circle all that apply):

- |          |         |                |                    |          |         |
|----------|---------|----------------|--------------------|----------|---------|
| Focus    | Sleep   | Balance        | Jump               | Turn     | Stretch |
| Turn-out | Breathe | Dance full-out | Learn choreography | Perform  |         |
|          | Partner | Take class     | Teach              | Audition |         |

Other:

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9. My current plan for managing the pain:

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10. If I am still experiencing the same pain on \_\_\_ / \_\_\_ / \_\_\_\_\_ I will make an effort to get it checked out by a medical professional (MD, DO, DPT).

I will actively listen to my body's pain signals  
and reflect again in \_\_\_ day(s).