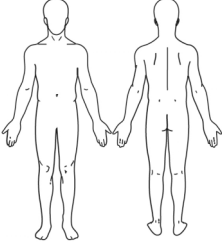
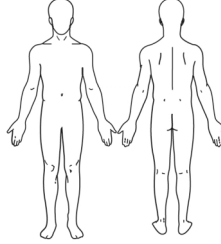
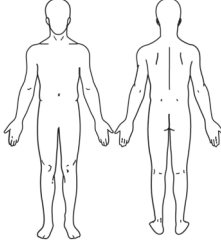
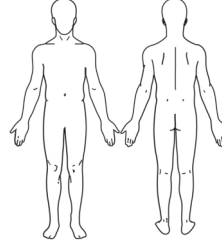
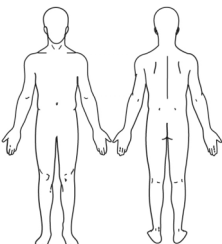
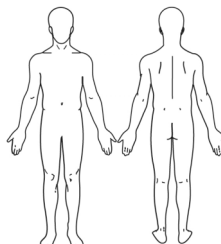
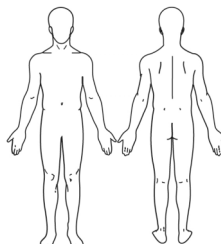
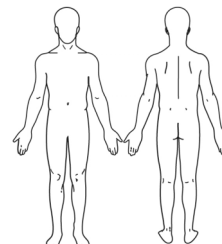
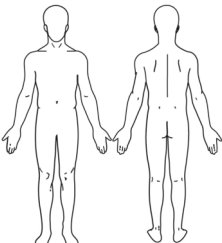
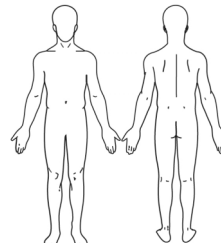
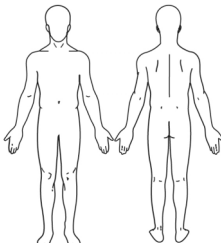
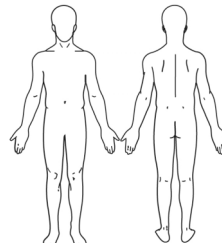
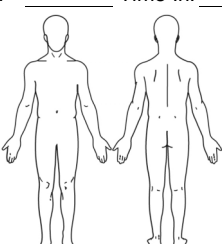
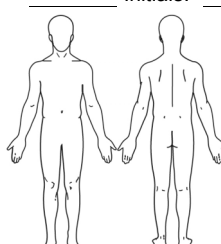
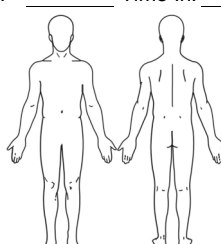
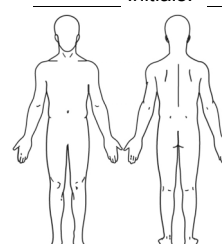
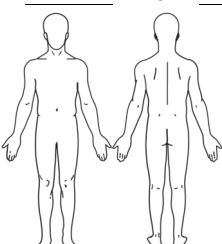
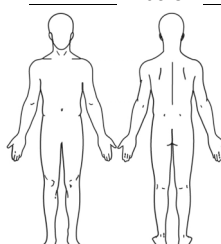
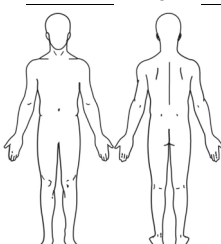
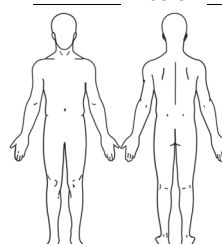






WORK CONDITIONING/HARDENING: SYMPTOM DRAWING BODYWORKS hfr.com

For each visit...

1. Write the date and the time in. When you leave, write the time and your initials.
2. Mark your symptoms on the body graphic – at the start of the visit – and at the end.
3. For each symptom, draw a line out to the side and rate how the symptom decreased your ability to perform your work. (0 = doesn't hinder you at all, 10 = really hinders you)

Your Name _____

MONDAY	Date: _____ Time In: _____ 	Out: _____ Initials: _____  Co-sign: _____	Date: _____ Time In: _____ 	Out: _____ Initials: _____  Co-sign: _____
	Date: _____ Time In: _____ 	Out: _____ Initials: _____  Co-sign: _____	Date: _____ Time In: _____ 	Out: _____ Initials: _____  Co-sign: _____
TUESDAY	Date: _____ Time In: _____ 	Out: _____ Initials: _____  Co-sign: _____	Date: _____ Time In: _____ 	Out: _____ Initials: _____  Co-sign: _____
	Date: _____ Time In: _____ 	Out: _____ Initials: _____  Co-sign: _____	Date: _____ Time In: _____ 	Out: _____ Initials: _____  Co-sign: _____
WEDNESDAY	Date: _____ Time In: _____ 	Out: _____ Initials: _____  Co-sign: _____	Date: _____ Time In: _____ 	Out: _____ Initials: _____  Co-sign: _____
	Date: _____ Time In: _____ 	Out: _____ Initials: _____  Co-sign: _____	Date: _____ Time In: _____ 	Out: _____ Initials: _____  Co-sign: _____
THURSDAY	Date: _____ Time In: _____ 	Out: _____ Initials: _____ PT: _____	Date: _____ Time In: _____ 	Out: _____ Initials: _____ PT: _____
	Date: _____ Time In: _____ 	Out: _____ Initials: _____ Co-sign: _____	Date: _____ Time In: _____ 	Out: _____ Initials: _____ Co-sign: _____
FRIDAY	Date: _____ Time In: _____ 	Out: _____ Initials: _____ Co-sign: _____	Date: _____ Time In: _____ 	Out: _____ Initials: _____ Co-sign: _____
	Date: _____ Time In: _____ 	Out: _____ Initials: _____ Co-sign: _____	Date: _____ Time In: _____ 	Out: _____ Initials: _____ Co-sign: _____