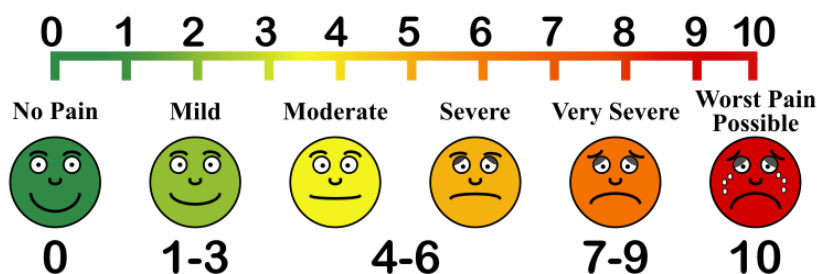


7 Day Knee Pain Reduction Challenge

PAIN ASSESSMENT TOOL



DAY 1

AM Pain Level: _____

PM Pain Level: _____

☐ I completed the rotational PPI for 1 minute

NOTES

DAY 2

AM Pain Level: _____

PM Pain Level: _____

☐ I completed the rotational PPI for 1 minute

NOTES

DAY 3

AM Pain Level: _____

PM Pain Level: _____

☐ I completed the rotational PPI for 1 minute

NOTES

DAY 4

AM Pain Level: _____

PM Pain Level: _____

☐ I completed the rotational PPI for 1 minute

NOTES

DAY 5

AM Pain Level: _____

PM Pain Level: _____

☐ I completed the rotational PPI for 1 minute

NOTES

DAY 6

AM Pain Level: _____

PM Pain Level: _____

☐ I completed the rotational PPI for 1 minute

NOTES

DAY 7

AM Pain Level: _____

PM Pain Level: _____

☐ I completed the rotational PPI for 1 minute

NOTES

Write down ultimately how you'd like your knees to feel.

NOTES