

Patient Name (Print) _____ Date _____

Patient ID # _____

Please draw the location of your pain or discomfort on the images below. Use the symbols show to represent the type(s) of pain you are experiencing.

D = Dull

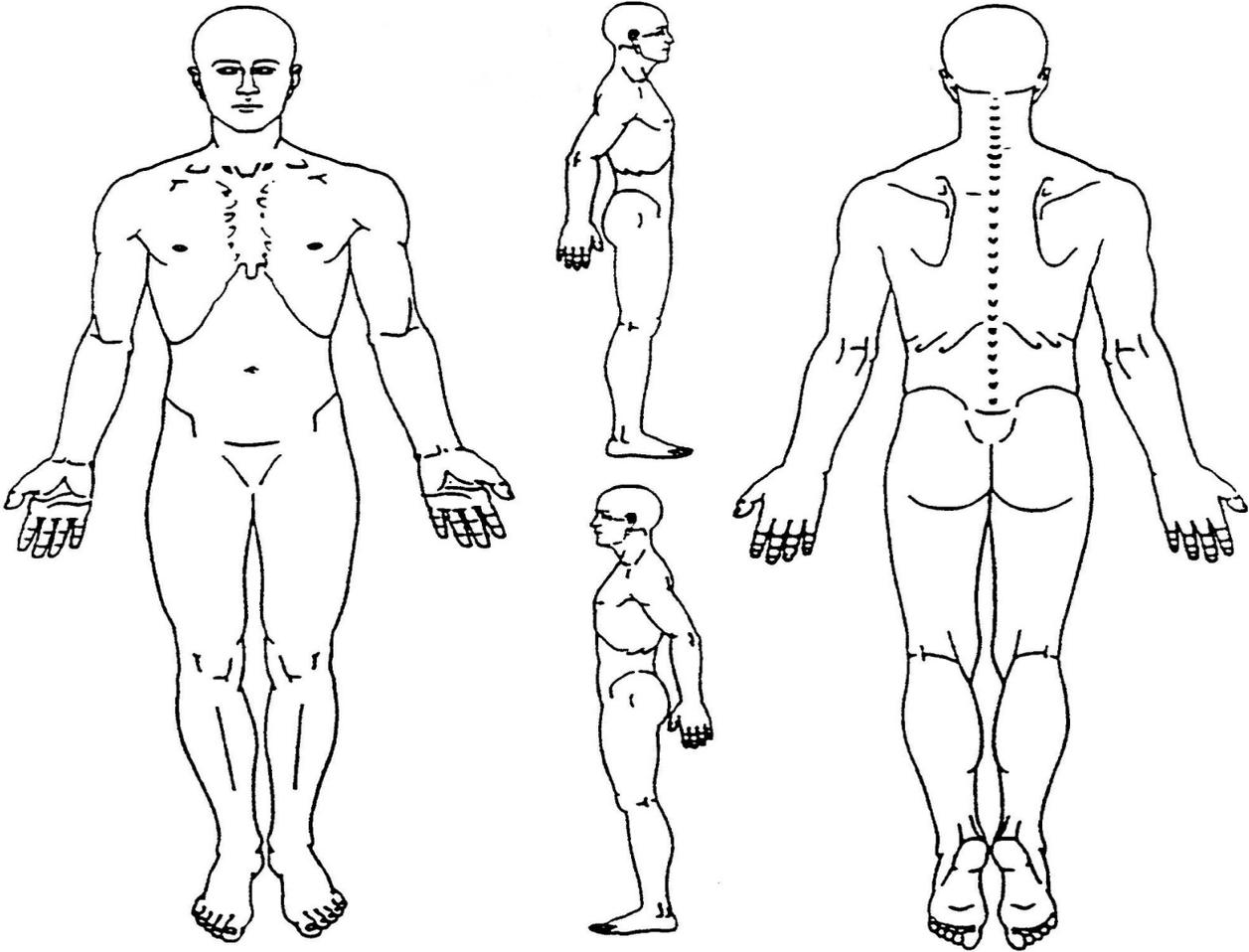
S = Sharp/Stabbing

B = Burning

T = Tingling (pins & Needles)

N = Numb

C = Cramping



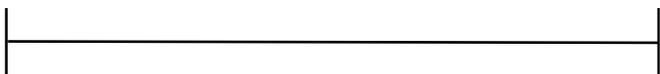
On the scale below, please draw a **X** on the line representing your pain or discomfort:

Rate the pain you have right **NOW**:

Rate your pain at its **BEST** in the past week:

No Pain _____ Unbearable pain

No Pain _____ Unbearable pain



Rate your **AVERAGE** pain in the past week:

Rate your **WORSE** pain in the past week:

No Pain _____ Unbearable pain

No Pain _____ Unbearable pain

