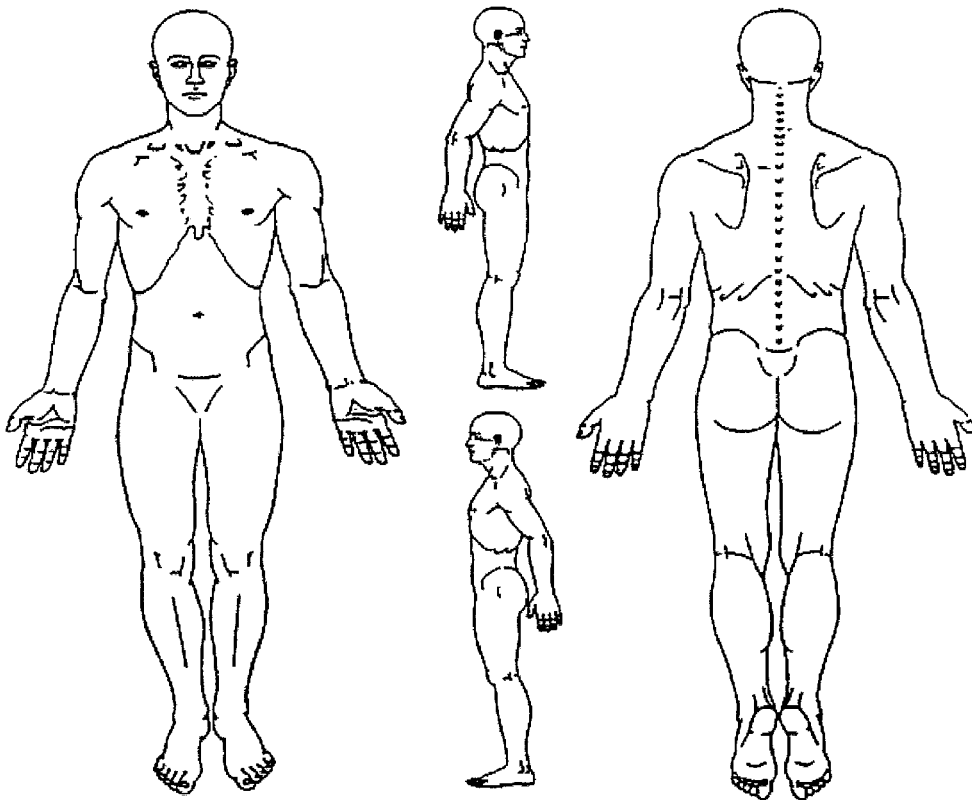


Please draw the location of your pain or discomfort on the images below. Use the symbols shown to represent the type(s) of pain:

D = Dull
B = Burning

S = Stabbing/Cutting
T = Tingling (Pins & needles)

N = Numbness
C = Cramping



On the scales below, please draw a **vertical line** representing your pain or discomfort.

1. Rate the pain you have **RIGHT NOW**:

No Pain _____ Unbearable Pain _____

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

No Pain _____ Unbearable Pain _____

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

No Pain _____ Unbearable Pain _____

4. Rate your **WORST** pain in the past week:

No Pain _____ Unbearable Pain _____

SEVERITY OF PAIN (RIGHT NOW)

(Circle your pain estimate)

- 1. Neck/Shoulder/Arm: NO PAIN 0 1 2 3 4 5 6 7 8 9 10 WORST
- 2. Mid Back: NO PAIN 0 1 2 3 4 5 6 7 8 9 10 WORST
- 3. Low Back and Leg: NO PAIN 0 1 2 3 4 5 6 7 8 9 10 WORST

Name (print) _____

Date _____

Signature _____