

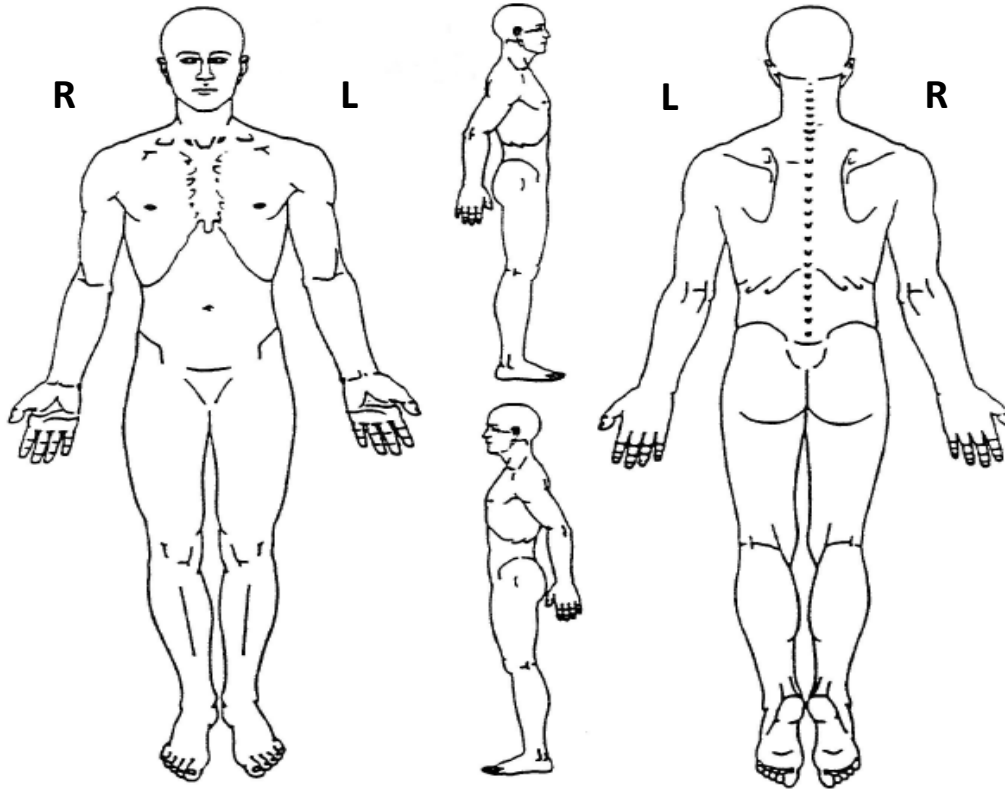
Please draw the location of your pain or discomfort on the images below. Use the letters shown to represent the type(s) of pain or discomfort:

A = Achy
F = Stiffness

B = Burning
N = Numbness

C = Cramping
S = Stabbing/Cutting

D = Dull
T = Tingling (Pins & needles)



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

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 | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> | <u>7</u> | <u>8</u> | <u>9</u> | <u>10</u> | WORST |
| 2. Mid Back: | NO PAIN | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> | <u>7</u> | <u>8</u> | <u>9</u> | <u>10</u> | WORST |
| 3. Low Back and Leg: | NO PAIN | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> | <u>7</u> | <u>8</u> | <u>9</u> | <u>10</u> | WORST |

Patient Name (print) _____ Date _____

Signature of Patient, Parent or Guardian _____

Parent or Guardian Name (print) _____ Relationship _____