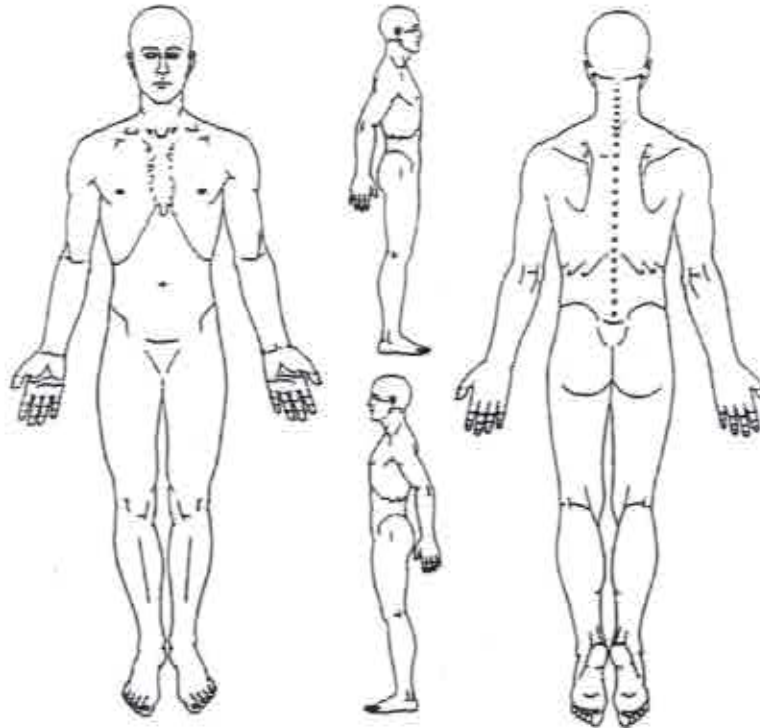


Name: _____

Date: _____

Indicate where your pain is located at the present time by shading in the area on the figure below. Do not indicate areas of pain which are not related to your present injury or condition. If you wish, you may indicate the type of pain you feel using the following symbols:

/// Stabbing XXX Burning 000 Pins and needles === Numbness



Rate your major area of pain on the 0 – 10 pain rating scale. Write the number of your pain at the present time and your best day and your worst day over the past 30 days. Remember, the numbers refer to your pain, not how strong or weak you feel. For example, number 1 is very weak pain and number 7 is very Strong pain.

- 10 – Maximal
- 9
- 8
- 7 - Very Strong
- 6
- 5 - Strong
- 4 - Somewhat strong
- 3 - Moderate
- 2 -Weak
- 1 - Very weak
- 0 - No pain

YOUR PAIN RATING:

Pain now _____

Over the past 30 days:

Best Day _____

Worst Day _____