

Patient Name _____

Date _____

Please draw the location of your pain or discomfort on the images below.

Use the symbols or draw to represent the type(s) of pain.

D= Dull

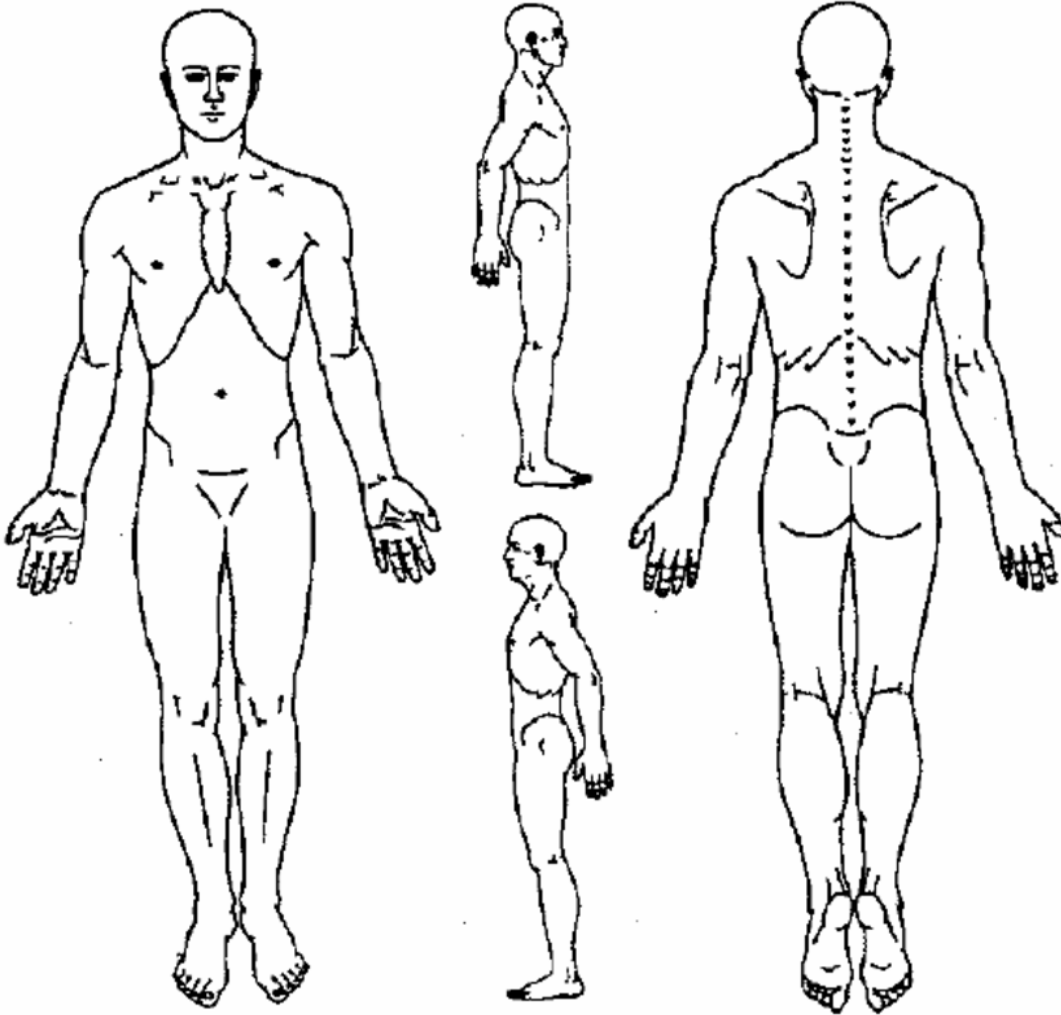
S=Stabbing

B=Burning

N=Numb

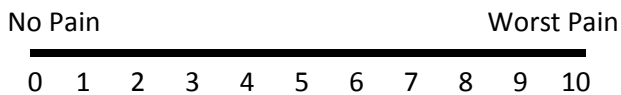
T=Tingling

C=Cramping

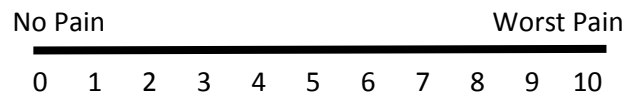


INSTRUCTIONS: Please circle the number that best describes the question

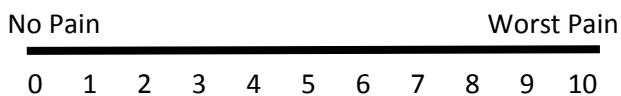
1. What is your pain level RIGHT NOW?



3. What is your pain AT ITS BEST?



2. What is your TYPICAL OR AVERAGE pain?



4. What is your pain AT ITS WORST?

