

PAIN DIAGRAM

On the diagrams below mark where you are experiencing pain, right now. Use the letters below to indicate the type and location of your sensations.

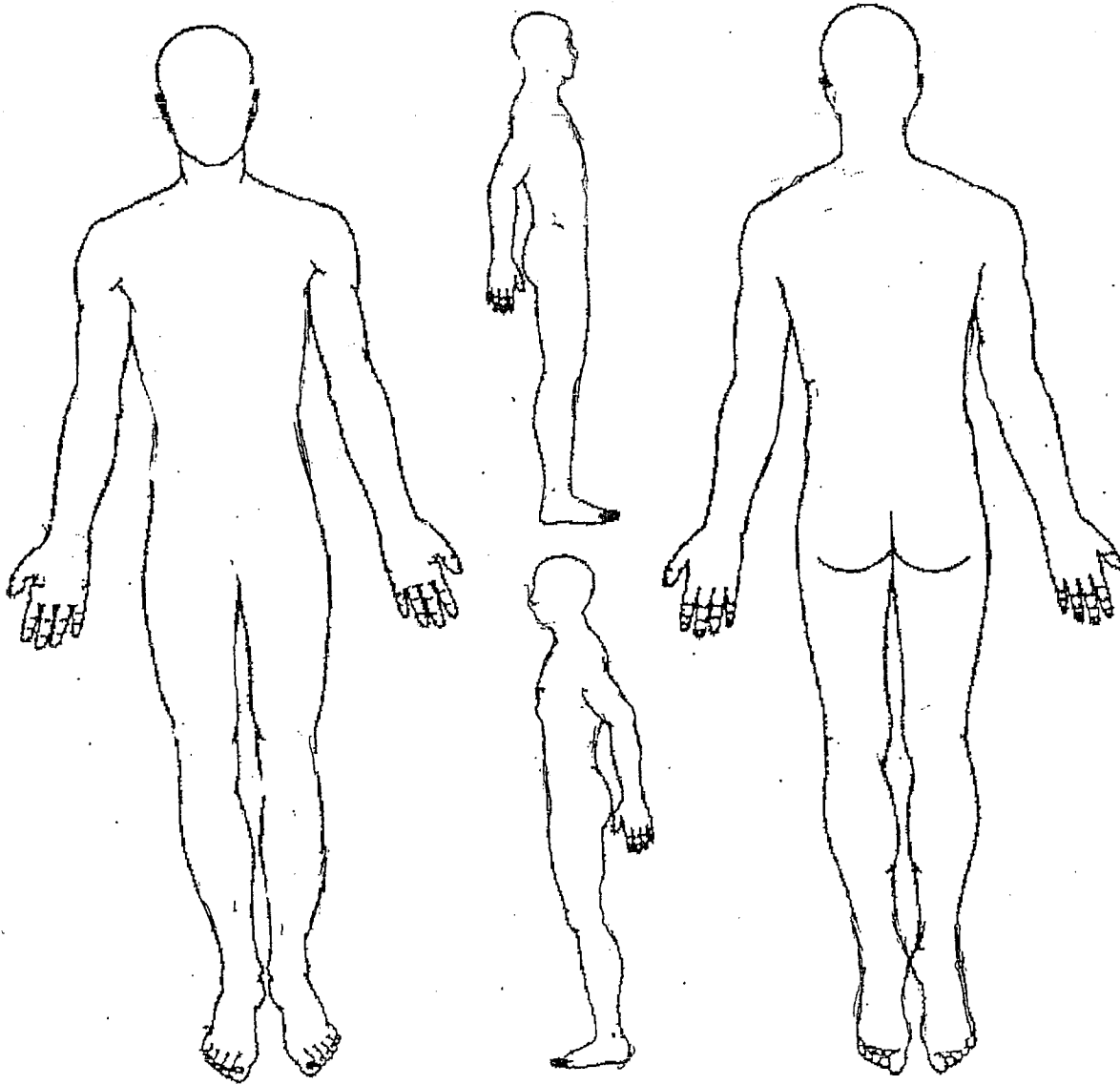
Aching
+++++

Numbness
=====

Pins & Needles
/////////

Burning
XXXX

Stabbing
OOOO



PAIN SCALE

Rate the severity of your pain by checking one box on the following scale.

| No Pain | | | | | | | | | | Worst Possible Pain |
|---------|---|---|---|---|---|---|---|---|---|---------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Patient Name: _____ Date: _____