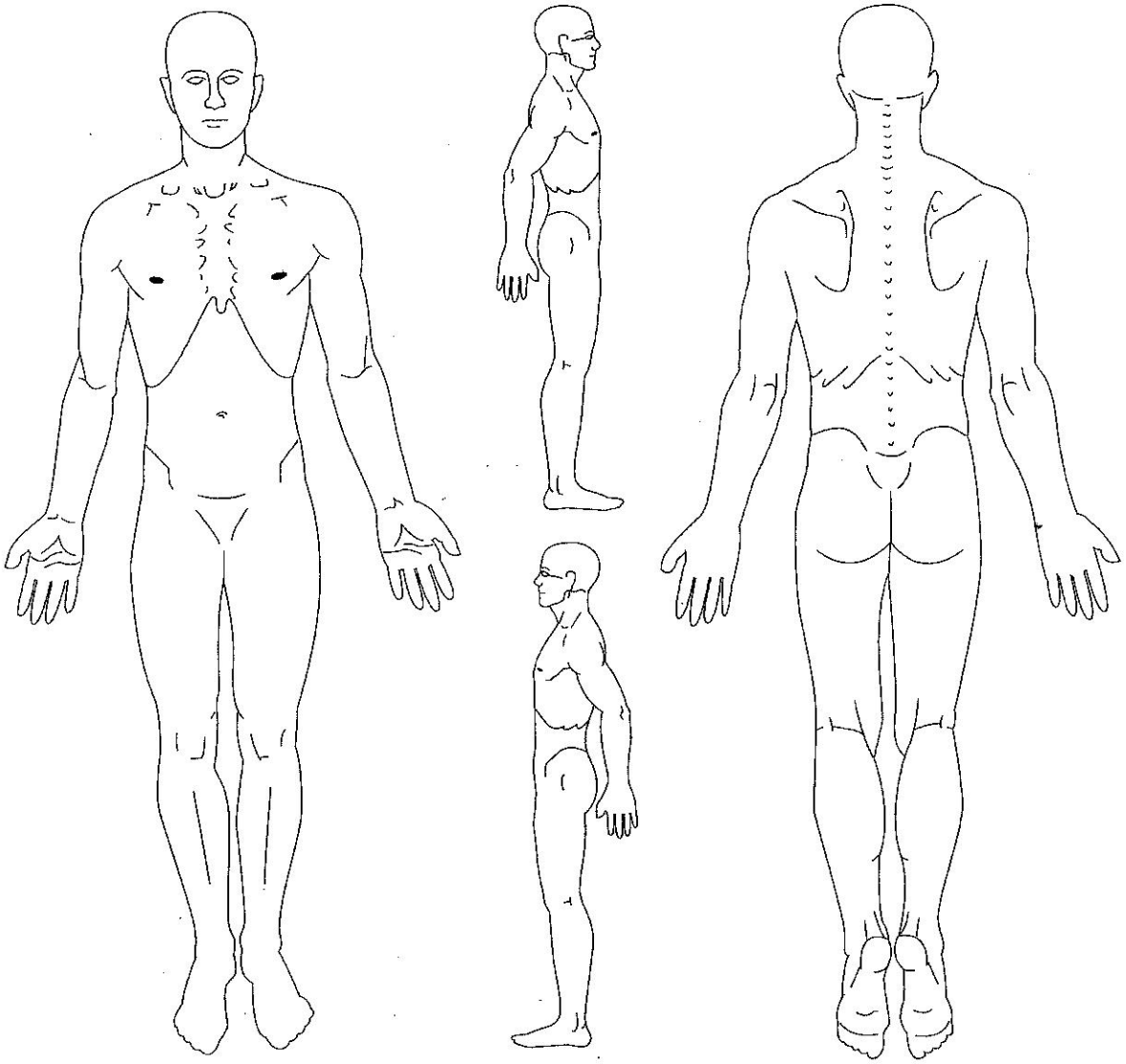
Patient Name(Print)_____ Date_____

Patient ID # _____

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
N = Numb
S = Stabbing/Cutting
T = Tingling (Pins & Needles)
C = Cramping



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

Rate the pain you have right **now:**

No Pain — Unbearable Pain

0 1 2 3 4 5 6 7 8 9 10

Rate your pain at its **best** in the past week:

No Pain — Unbearable Pain

0 1 2 3 4 5 6 7 8 9 10

Rate your **average** pain in the past week:

No Pain — Unbearable Pain

0 1 2 3 4 5 6 7 8 9 10

Rate your **worst** pain in the past week:

No Pain — Unbearable Pain

0 1 2 3 4 5 6 7 8 9 10