

Name:

Date:

CIRCLE WHERE YOUR PAIN IS TODAY: 0 -1-2-3-4-5-6-7-8-9-10

Please use the following scale to give us an estimate of your pain:

0: Pain Free

1: Very minor annoyance, occasional minor twinges

2: Minor annoyance, occasional strong twinges

3: Annoying enough to be distracting

4: Can be ignored if you are really involved in your work, but still distracting

5: Can't be ignored for more than 30 minutes

6: Can't be ignored for any length of time, but you can still go to work and participate in social activities

7: Makes it difficult to concentrate, interferes with sleep, you can still function with effort

8: Physical activity severely limited, you can read and converse with effort, nausea and dizziness set in as factors of pain

9: Unable to speak, crying out or moaning uncontrollably, near delirium

10: Unconscious, pain makes you pass out

Use this diagram to indicate the location and type of pain. Mark the drawing with the following letters that best indicate your symptoms.

“N” = numbness. “S” = stabbing pain. “B” = burning pain. “P” = pins and needles.

“A” = aching pain.

