

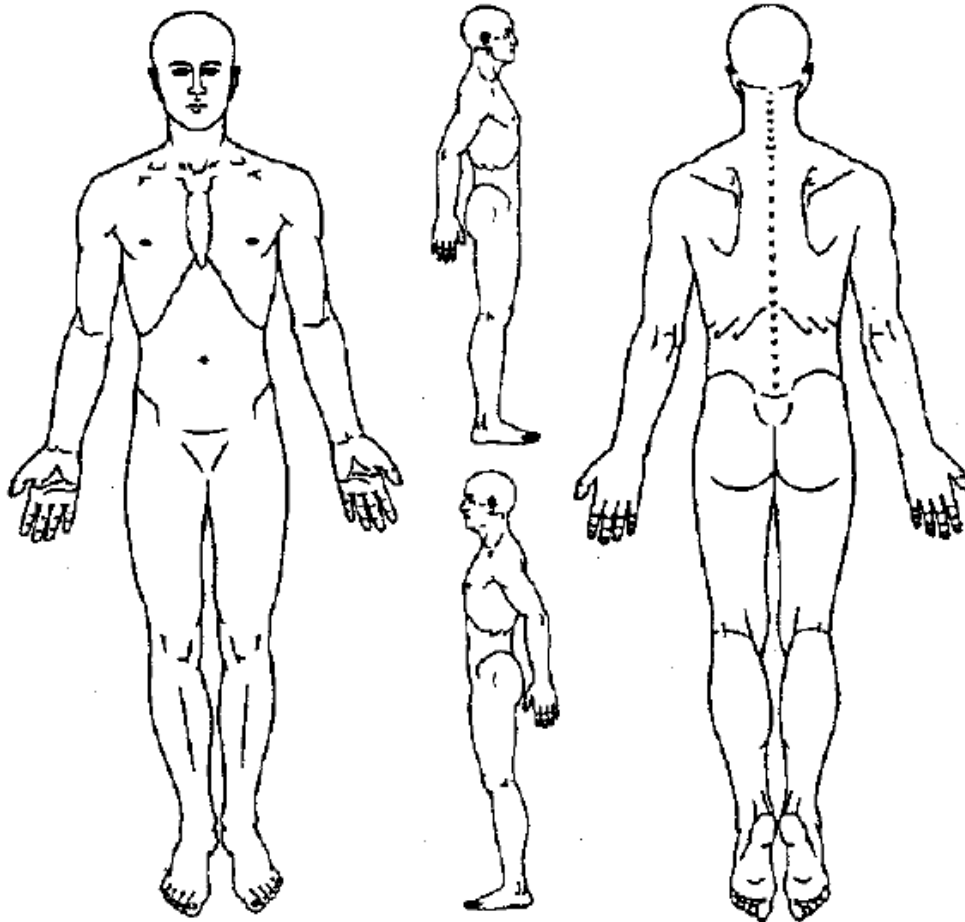
Pain Diagram and Rating Scale

Name:

Date:

Please use the symbols below to draw the location of the pain you are having:

Numbness	Pins & Needles	Burning	Stabbing	Aching
=====	OOOOO	XXXXX	////////	AAAAA
=====	OOOOO	XXXXX	////////	AAAAA



Please rate your *current* pain level on the following scale (check one):

0 1 2 3 4 5 6 7 8 9 10
 (no pain) (worst pain possible)

Please rate your pain level *when at its best* on the following scale (check one):

0 1 2 3 4 5 6 7 8 9 10
 (no pain) (worst pain possible)

Please rate your pain level *when at its worst* on the following scale (check one):

0 1 2 3 4 5 6 7 8 9 10
 (no pain) (worst pain possible)