

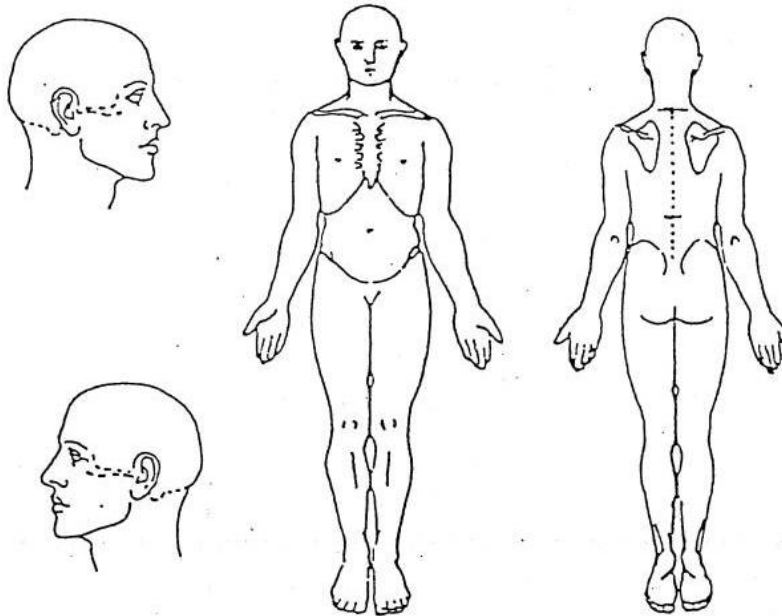
REASON FOR VISIT

Why are you here today? _____

WHERE IS YOUR PAIN NOW?

Mark the areas where you feel sensations using the appropriate symbols. Please mark X on the area where the pain is now worst.

Aching Numbness Pins and Needles Burning Sharp/Stabbing Stiff/Tight



yyyy === oooo zzzz //// *****

HOW BAD IS YOUR PAIN?

On the scale below circle your pain.

	<i>No pain</i>										<i>Worst possible pain</i>											
<i>Right now.....</i>	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
<i>On average.....</i>	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
<i>At its very worst.....</i>	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

Overall, is your pain generally: improving same worsening

Name _____ Date _____