

Pain Diagram and Pain Rating

Name: _____

Date: ____/____/____

INSTRUCTIONS: Please use the diagram below to indicate the symptoms you have experienced over the past 24 hours. Use the key below to indicate the type of symptoms.

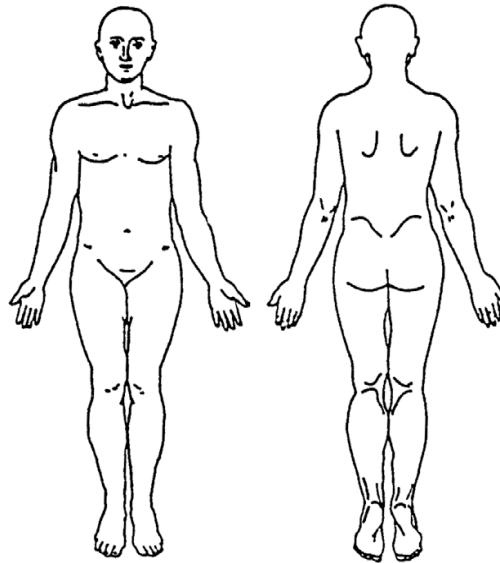
KEY:

Pins and Needles = 000000

Stabbing = // // // //

Burning = xxxxxx

Deep Ache = zzzzzzz



Please rate your current level of pain on the following scale (circle one):

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

Please rate your worst level of pain in the last 24 hours on the following scale (circle one):

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

Please rate your best level of pain in the last 24 hours on the following scale (circle one):

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

Please rate your general health (circle one):

Poor Fair Good Excellent