



How would you describe your pain today?



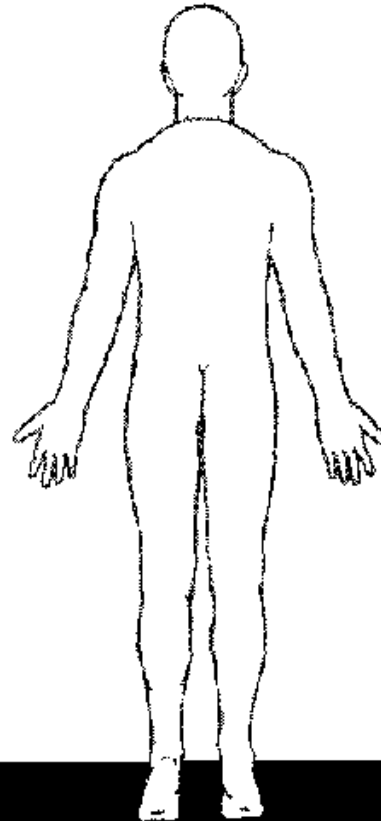
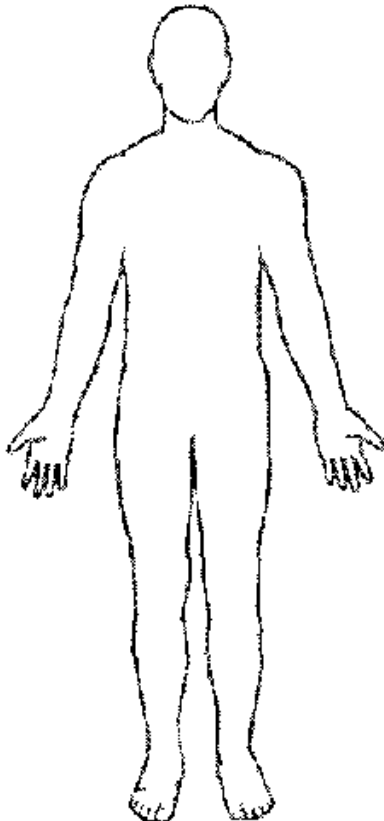
Using the 0 to 10 pain scale, please rate your **least pain** in the past 24 hours: \_\_\_\_\_

Using the 0 to 10 pain scale, please rate your **worst pain** in the past 24 hours: \_\_\_\_\_

Are your symptoms – **worse** – **staying the same** – **better** – since the onset of symptoms?

**Using the key provided please mark on the outlines below where you are experiencing any of the following symptoms:**

A – Achiness    N – Numbness    T – Tingling    S – Stiffness    H – Throbbing Pain  
P – General Painful Feeling



**Front**

**Back**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_