| Patient Name(Print) | Date |
|---------------------------------------------------|----------------------------------------------------|
| Patient ID # | |
| Please draw the location of your pain | or discomfort on the images below. Use the symbols |
| shown to represent the type(s) of pain | |
| D = Dull B = Burnir N = Numb | |
| | |
| On the scales below, please draw a ve | ertical line representing your pain or discomfort: |

Rate the pain you have right **now:** Rate your pain at its **best** in the past week:

No Pain Unbearable Pain No Pain Unbearable Pain

Rate your <u>average</u> pain in the past week: Rate your <u>worst</u> pain in the past week:

Unbearable Pain No Pain Unbearable Pain No Pain