

Name: _____ Date: _____

*If you have more than one area of pain, please answer **each** question for **each** individual area and indicate the score for **each** area, **labeling accordingly** (i.e. K=Knee, N=Neck, B=Back).

What is your pain AT ITS WORST?

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

What is your pain RIGHT NOW?

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

What is your pain AT ITS BEST? (How close to zero does it get?)

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

*Indicate where your pain is located and what type of pain you feel at the present time. Use the symbols below to describe your pain.

| | | | | | | |
|-----------------|----------------|------------------|-----------------|-------------------|------------------|----------------|
| /// Stabbing | XXX Burning | ==== Numbness | OOO Tingling | *** Dull/ Achy | ☆☆☆ Stiffness | ^^^^ Cramps |
|-----------------|----------------|------------------|-----------------|-------------------|------------------|----------------|

