

A PICTURE IS WORTH A THOUSAND WORDS!!!

Name: _____

Date: _____

Please indicate on these drawings where your pain or discomfort is now, using the following symbols. Mark the areas on your body where you feel the described sensations. Include all affected areas.

NUMBNESS =====

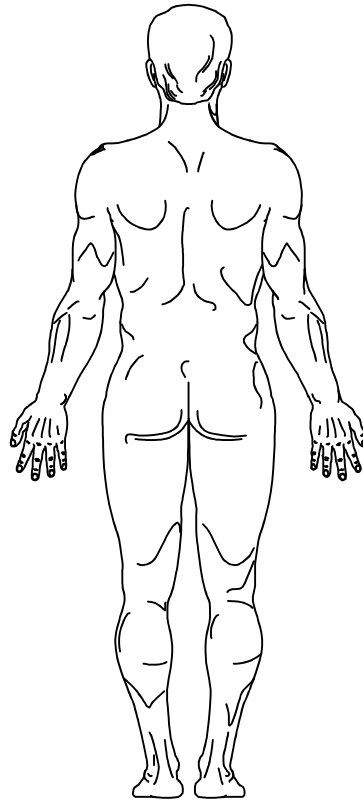
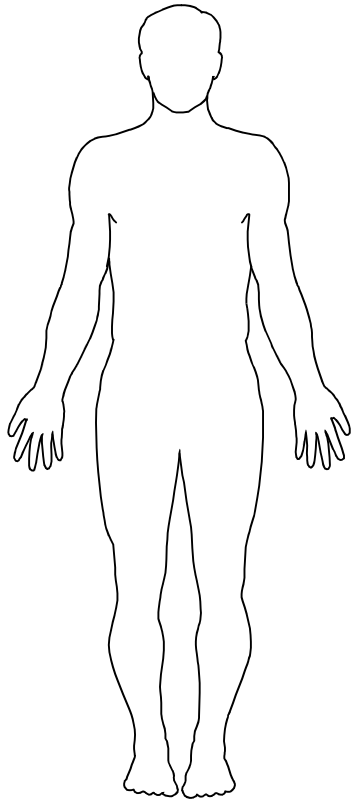
STABBING //////////////

PINS & NEEDLES 000000

ACHING ++++++

BURNING XXXXX

SHOOTING PAIN ↑ ↓ ↗ ↘ → ←



Please indicate how bad your pain is **NOW** by putting a circle around the appropriate number on this scale:

(NO PAIN) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating/unbearable)

Please indicate the **BEST** and the **WORST** you have felt in the last 2 weeks:

(NO PAIN) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating/unbearable)

What caused the **WORST** level? _____

Please indicate your **AVERAGE** symptoms over the last 2 weeks:

(NO PAIN) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating/unbearable)

Please rate your current functional level on a 0-100% scale using the following criteria:

No limitation	Doing ½ of normal activities	Incapacitated	YOU
100%-----	-----50%-----	-----0%	_____%