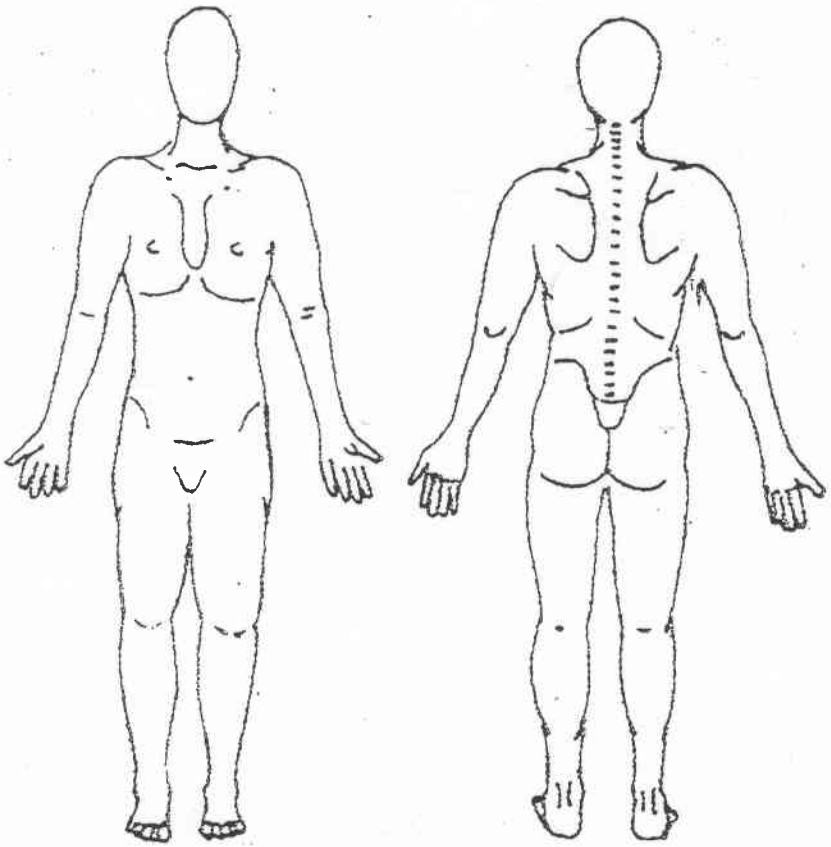
Pain Diagram and Pain Rating.*

Name: _____ Date: ____/____/____
mm dd yy

Please use the diagram below to indicate the symptoms you have experienced over the past 24 hours. **Be VERY precise when drawing the location of your pain.** Use the key to indicate the type of symptoms.

Key
Pins and Needles = 000000
Stabbing = //////
Burning = xxxxxx
Deep Ache = zzzzzz



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

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

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

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

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

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

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