



KEY:
OOOO PINS & NEEDLES
XXXX BURNING
///// STABBING
==== DULL & ACHING
+++++ NUMBNESS
**** OTHER (PLEASE EXPLAIN)

NAME: _____ DATE: _____

PLEASE CIRCLE THE LEVEL OF PAIN YOU ARE CURRENTLY EXPERIENCING.
NO PAIN 1 2 3 4 5 6 7 8 9 WORST PAIN