

Pain Measure
Kinetic Institute Physical Therapy

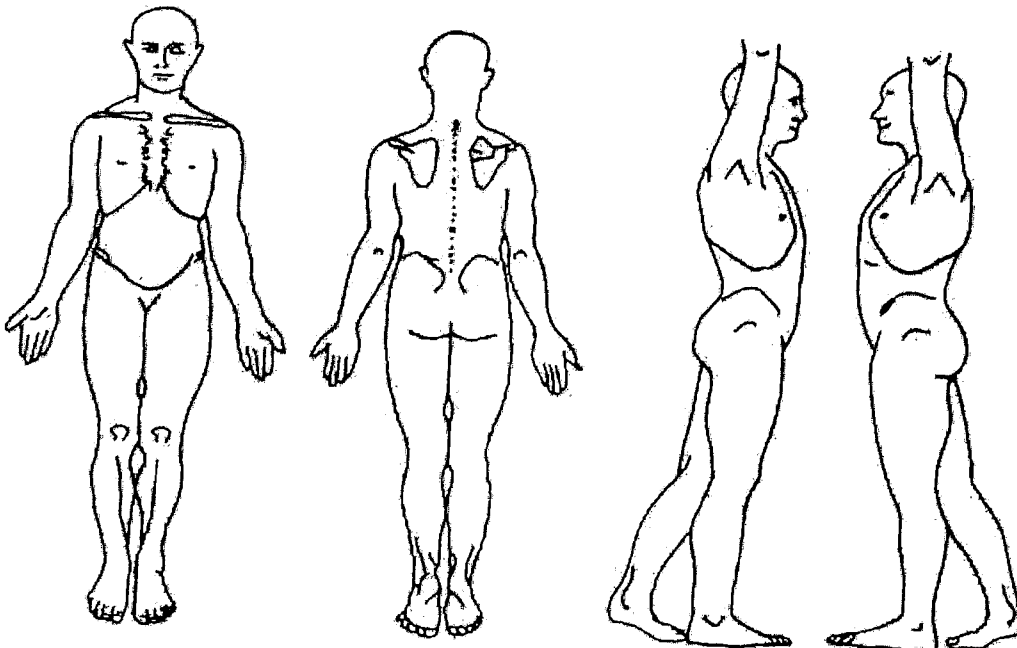
Name:

Date:

Where is your pain now?

Mark the areas of the body where you feel the sensations described below, using the appropriate symbol. Please include all area where you experience the sensations.

Ache	Numbness	Pins & Needles	Burning	Stabbing
○○○	////	+++++	====	XXXX



How bad is your pain now?

Circle the number to indicate how bad your pain is **now**.

Underline the **least** amount of pain you experience.

Underline the **greatest** amount of pain you experience.

0 1 2 3 4 5 6 7 8 9 10