



BUFFALO SPINE SURGERY

Center For Excellence in Spine Care

Dr. Andrew Cappuccino

Name _____ Date _____

Where is your pain now?

Mark the areas where you feel the sensations described below, using the appropriate symbol.

Mark the areas of radiation. Include all affected areas.

Aching

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Numbness

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Pins and needles

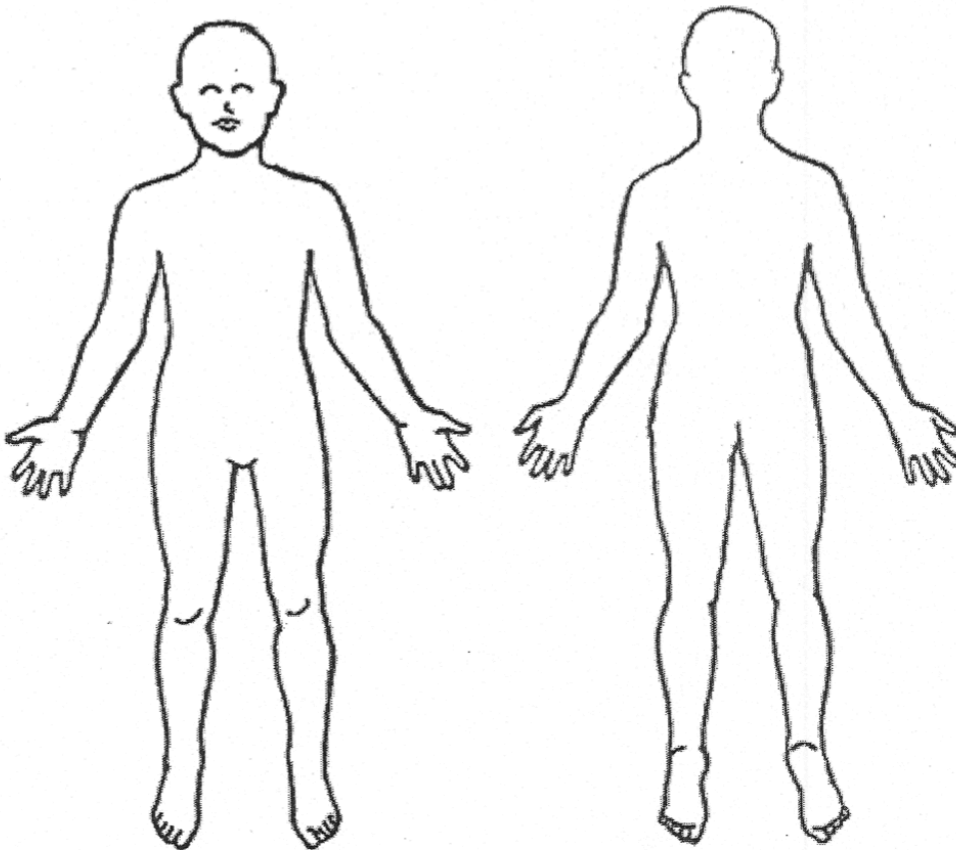
OOOOO

Burning

XXXXX

Stabbing

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How bad is your pain now?

Please mark an X on the body form where the pain is more severe now.

On a scale from 1 – 10, please mark on the line how bad you pain is now.

No pain – 0

Worst possible pain – 10

0 _____ 10