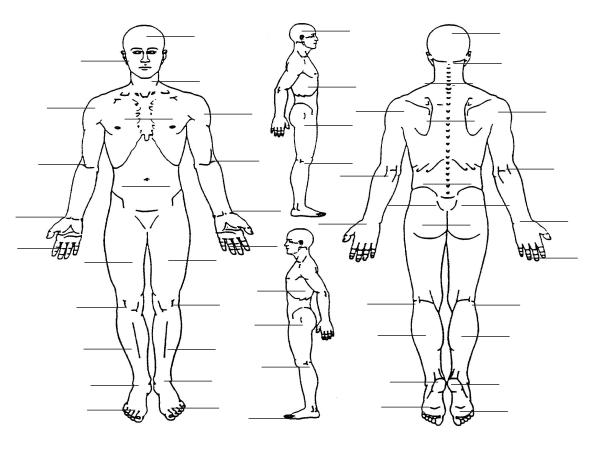
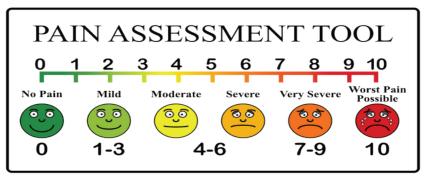


Pain Information Chart

Describe your pain: (location, duration [continuous, intermittent, occasional], quality [sharp, dull], type [burning, numbness, tingling, achy, cramping] that started when.

Please mark on the diagram below where you pain is located. Use the following symbols to describe your pain: $P = Pain \mid N = Numbness \mid T = Tingling \mid B = Burning$





Overall today I would rate my pain a ____ on the 0-10 scale.

Overall in the past 30 days the worst pain I've had is ____ on the 0-10 scale.

Overall in the past 30 days the least pain I've had is ____ on the 0-10 scale.

MFM Form E 02.15.2025

Signature

Date____