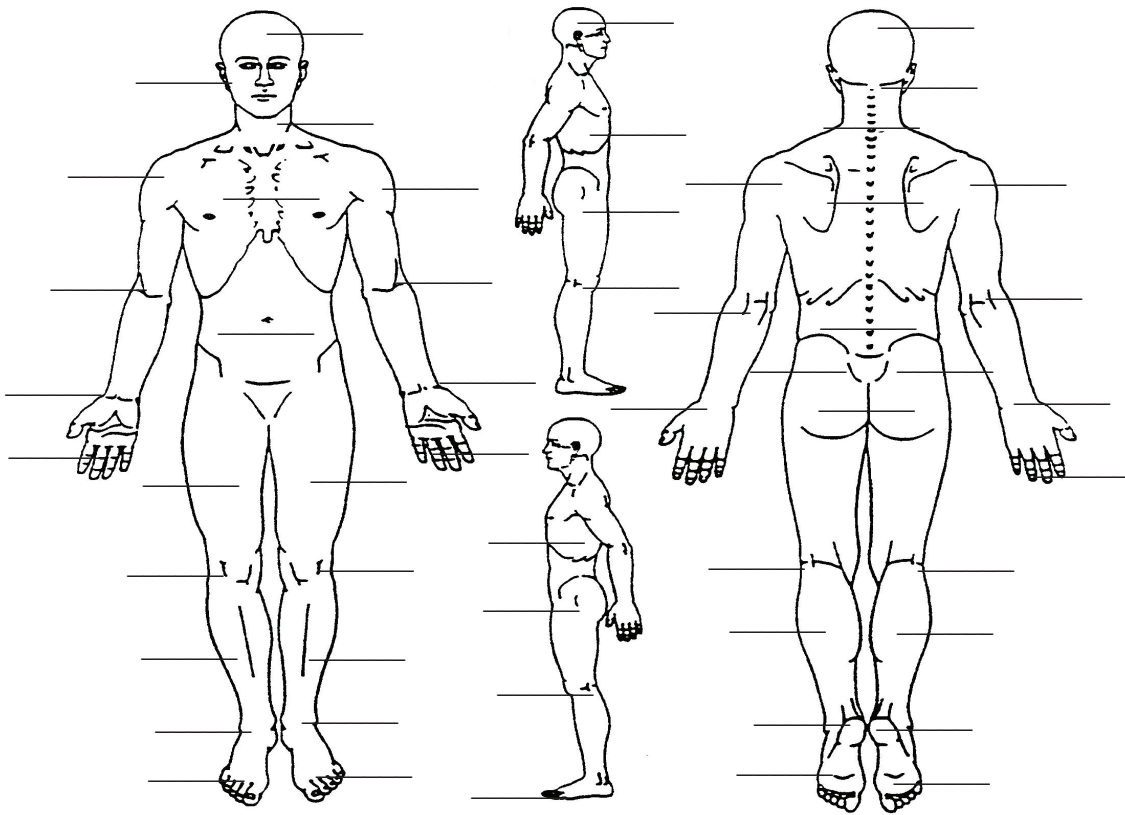


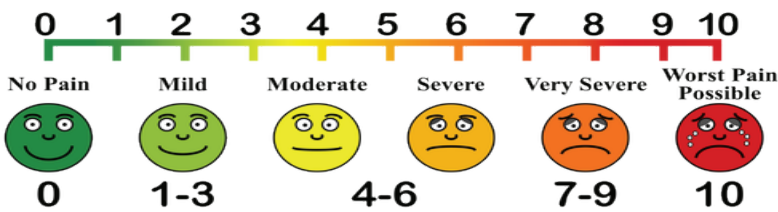
Pain Information Chart

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 | N = Numbness | T = Tingling | B = Burning



PAIN ASSESSMENT TOOL



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.