



Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please shade in the areas of pain on the drawings below
2. Next to each area identified, please state the character/quality of the pain. (examples: achy, dull, sharp, stabbing, burning, pins and needles, numb)
3. Next to each area identified, please state whether the pain is constant or intermittent/on & off.
4. Next to each area identified, please state the intensity of the pain on a scale of 1-10. 1 being the lower level of pain and 10 being the most extreme level of pain.

