

NAME \_\_\_\_\_

**Instructions:** Use the symbols in the “key” below to indicate the type and location of the discomfort AS IT FEELS TODAY. Place the letters on the part of the body that you feel the discomfort.

**KEY**

**A**= ACHE

**B**= Burning

**C**= Stabbing

**N**= Numbing

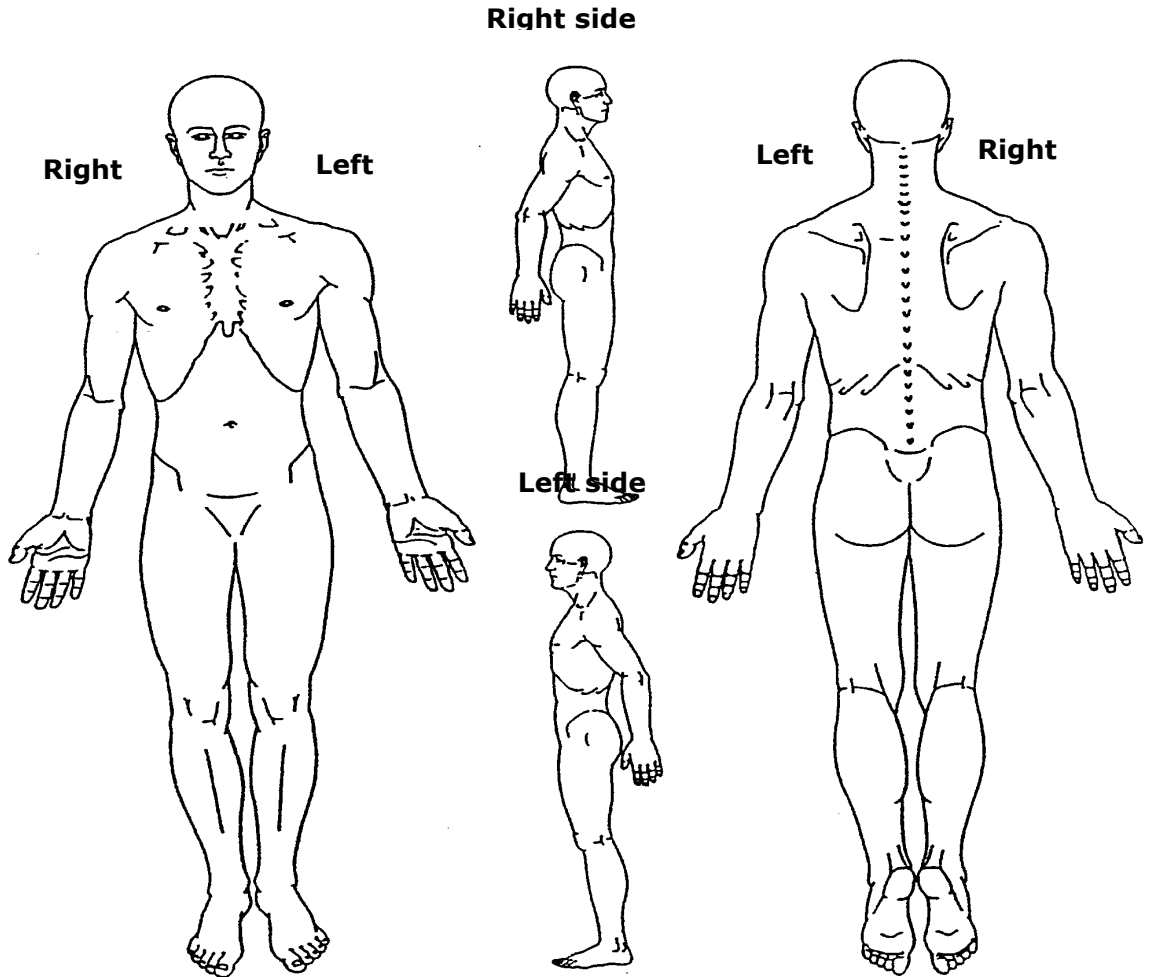
**P**= Pins & Needles

**O**= Other

**S**= Sore

**T**= Tight

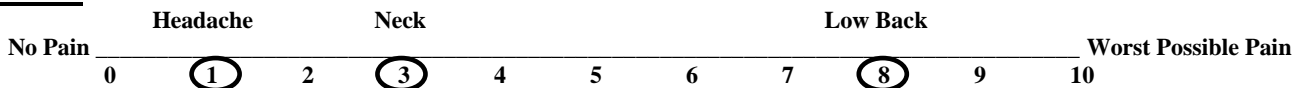
**ST**= Stiff



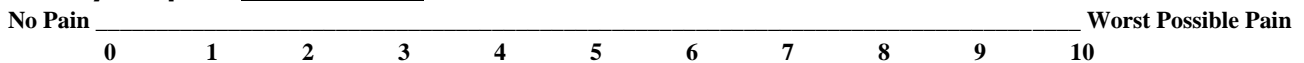
**INSTRUCTIONS:** Please circle the number that best describes the question being asked. Please indicate your pain level right now, average pain, and pain at its best and worst.

**NOTE:** If you have more than one complaint, please answer each question for each individual complaint and indicate the score for each complaint.

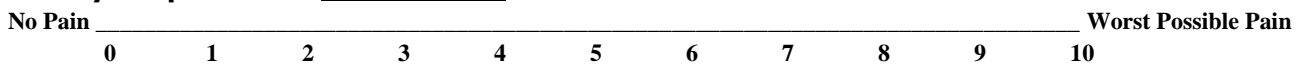
**EXAMPLE:**



**1 – What is your pain RIGHT NOW?**



**2 – What is your pain level AT ITS BEST?**



**3 – What is your pain level AT ITS WORST?**

