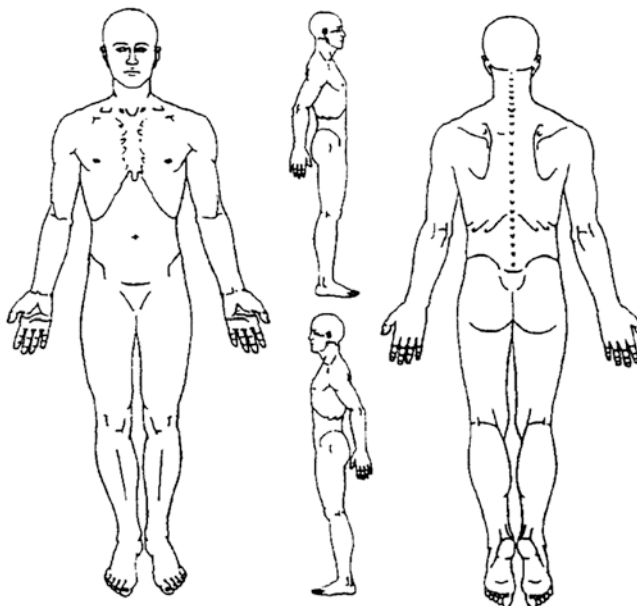


**TYPE OF PAIN YOU ARE CURRENTLY EXPERIENCING...**

Place appropriate symbol or letter on the diagram.

- Ache = AAAAA
- Numbness = NNNNN
- Pins and Needles = OOOOO
- Burning = XXXXX
- Stabbing = /////



**WHAT IS THE INTENSITY OF YOUR PAIN?**

Please circle one...

- |                 |                |
|-----------------|----------------|
| <b>Slight</b>   | <b>Minimal</b> |
| <b>Moderate</b> | <b>Severe</b>  |

**VISUAL ANALOG PAIN SEVERITY SCALE**

Please place a mark on the line that corresponds to your *current* pain.



NO PAIN

WORSE PAIN EVER

Please place a mark on the line that corresponds to your *average* pain.



NO PAIN

WORSE PAIN EVER

When did the pain begin? \_\_\_\_\_ Any flare-ups since then? If so, when? \_\_\_\_\_

What brought the pain on? \_\_\_\_\_

What makes the pain better? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

How often does the pain exist? \_\_\_\_\_ And for how long? \_\_\_\_\_

Any prior injuries to the area of pain? \_\_\_\_\_

Have you seen another healthcare practitioner for the pain/condition? \_\_\_\_\_

If so, who? \_\_\_\_\_