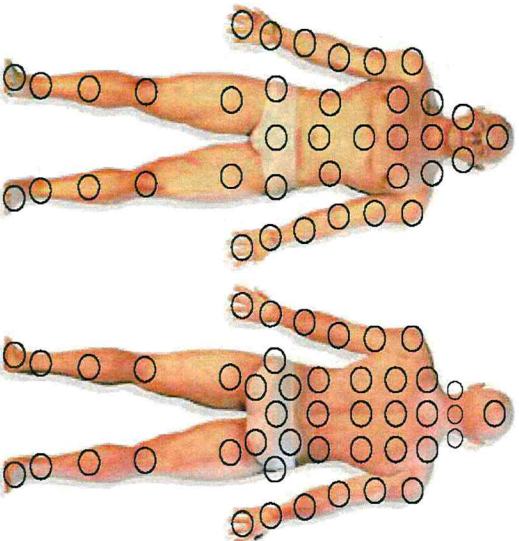
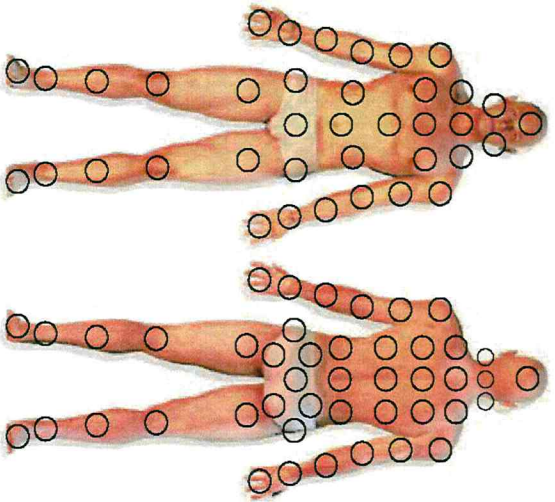


Name: \_\_\_\_\_

Date: \_\_\_\_\_



- Rate your level of pain: 1 2 3 4 5 6 7 8 9 10(extreme)
  - How much of your day do you have pain? 10 20 30 40 50 60 70 80 90 100(constant)
  - Pain when at its worst: 12345678910(extreme)
  - Pain when at its best: 12345678910(extreme)
  - My pain started: gradually Suddenly
  - My pain has been getting: Better Worse Staying the same
  - Approximate date the pain started: \_\_\_\_\_
  - Activities that make my pain worse \_\_\_\_\_
  - Action that makes the pain better: \_\_\_\_\_
  - Circle those that describe your pain: dull aching, sharp stabbing, throbbing, radiating, numbness, tingling, tightness, burning, discomfort,
  - Time of the day the pain is worst: morning, afternoon, evening, before bed, while sleeping
- Rate your level of pain: 1 2 3 4 5 6 7 8 9 10(extreme)
  - How much of your day do you have pain? 10 20 30 40 50 60 70 80 90 100(constant)
  - Pain when at its worst: 12345678910(extreme)
  - Pain when at its best: 12345678910(extreme)
  - My pain started: gradually Suddenly
  - My pain has been getting: Better Worse Staying the same
  - Approximate date the pain started: \_\_\_\_\_
  - Activities that make my pain worse \_\_\_\_\_
  - Action that makes the pain better: \_\_\_\_\_
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  - Time of the day the pain is worst: morning, afternoon, evening, before bed, while sleeping