| Patient Name(Print)  |   | Date  |                 |
|--|---|---|-----------------|
| Patient ID #<br>Please draw the location of y<br>shown to represent the type(s | our pain or discom                                | fort on the images below. Use the   | e symbols       |
| E  | $\mathbf{B} = \mathbf{Burning} \qquad \mathbf{T}$ | <ul><li>= Stabbing/Cutting</li><li>= Tingling (Pins &amp; Needles)</li><li>= Cramping</li></ul> |                 |
|  |   |   |                 |
|  |   | representing your pain or discom  |                 |
| Rate the pain you have right   |   | Rate your pain at its best in the   |                 |
| No Pain  | Unbearable Pain                                   | No Pain   | Unbearable Pair |
| Rate your <u>average</u> pain in the   |   | Rate your worst pain in the pas   |                 |
| No Pain  | Unbearable Pain                                   | No Pain   | Unbearable Pair |
|  |   |   |                 |