

PAIN SCALE

DATE: _____

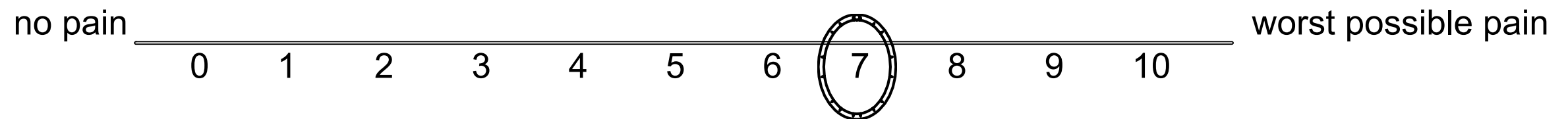
NAME: _____ DOB: _____ CHART #: _____

Where's the pain? _____

INSTRUCTIONS: Please rate your pain for each question.

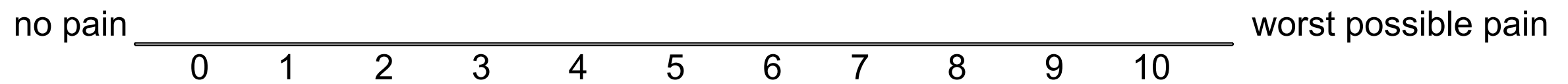
EXAMPLE:

low back

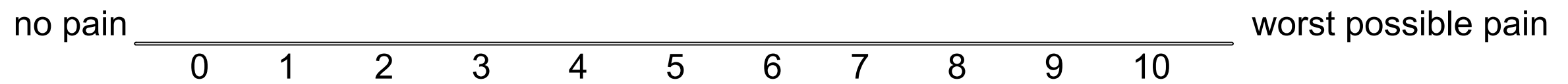


If you have more than one complaint, ask for another form.

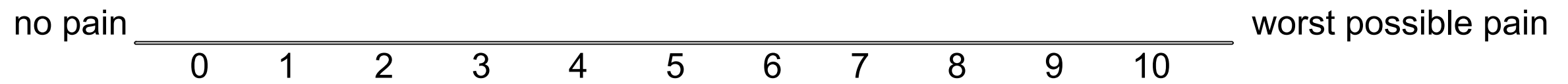
1. What is your pain RIGHT NOW?



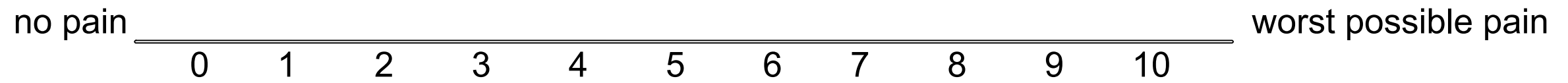
2. What is your TYPICAL or AVERAGE pain?



3. What is your pain level AT ITS BEST (How close to "0" does your pain get at its best)?



4. What is your pain level AT ITS WORST (How close to "10" does your pain get at its worst)?



What percentage of your awake hours is your pain at its worst? _____%

Compiled from data in Von Dorff M, Deyo RA, Cherkin D, Barlow SF, Back pain in primary care: Outcomes at 1 year. Spine 1993; 18:855-862

WHERE IS YOUR PAIN?

Please mark the drawings below where you feel pain.
Please use the appropriate symbol. Please include all affected areas.

- NUMBNESS** ===
- ===
- ===
- PINS & NEEDLES** 000
- 000
- 000
- BURNING** XXX
- XXX
- XXX
- STABBING** ///
- ///
- ///

