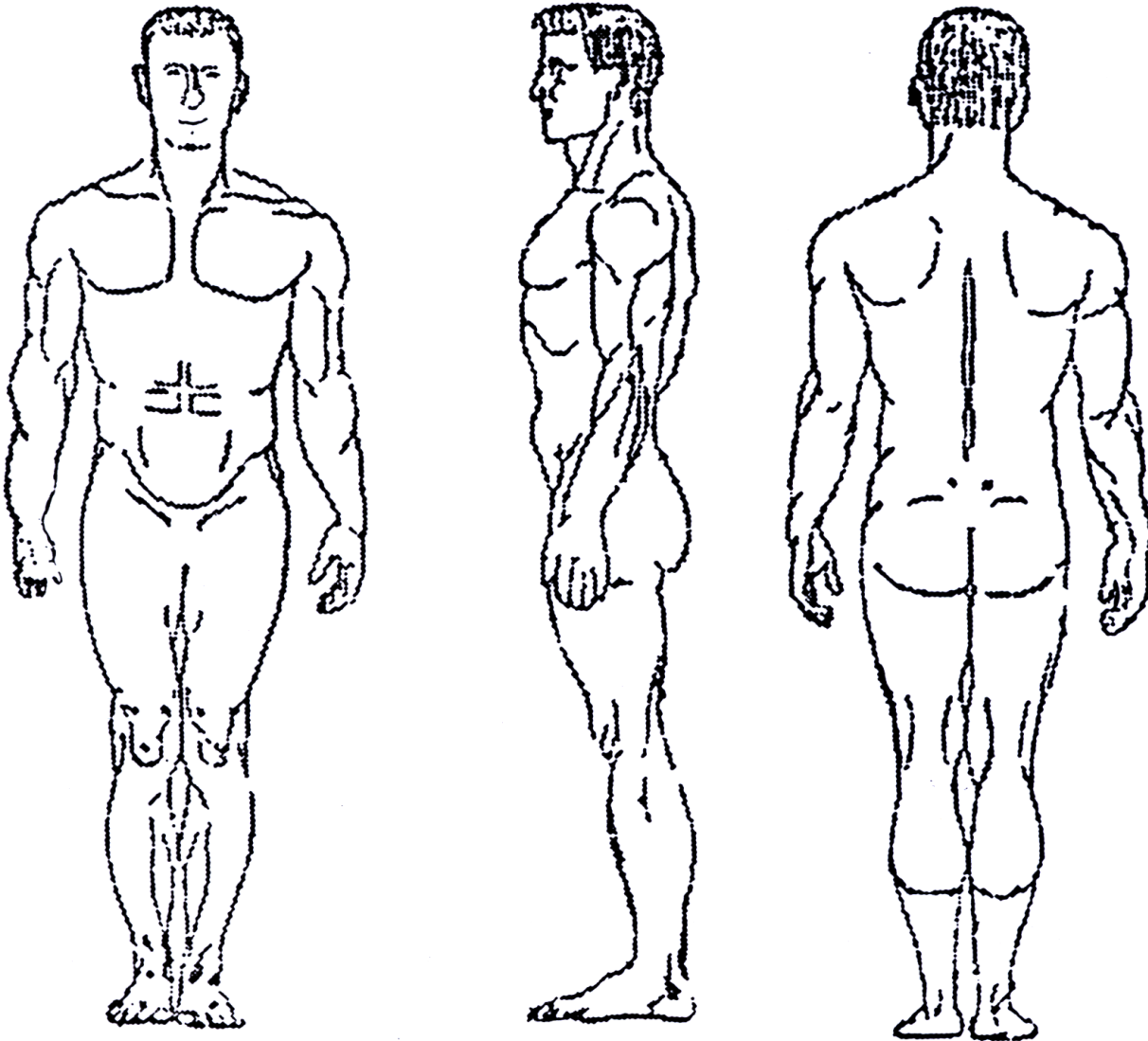


Pain Diagram and Rating

Patient: _____ Date: _____

Please use the diagram below to indicate the symptoms you have experienced over the past 24 hours. Be VERY precise when drawing the locations of your pain. Use the key to indicate the type of symptom.

- Key:** Pins and Needles: 000000
 Burning: xxxxxx
 Stabbing: ///////////////
 Deep ache: zzzzzzzz



What is your current level of pain? 0 (no pain) – 10 (worst pain imaginable) _____
 What is your worst level of pain in the past 24 hours? 0 (no pain) – 10 (worst pain imaginable) _____
 What is your best level of pain in the last 24 hours? 0 (no pain) – 10 (worst pain imaginable) _____
 How long can you sit? _____ Stand? _____ Walk? _____

For Therapist only:
 24 hour behavior: _____
 Aggravating factors: _____
 Alleviating factors: _____