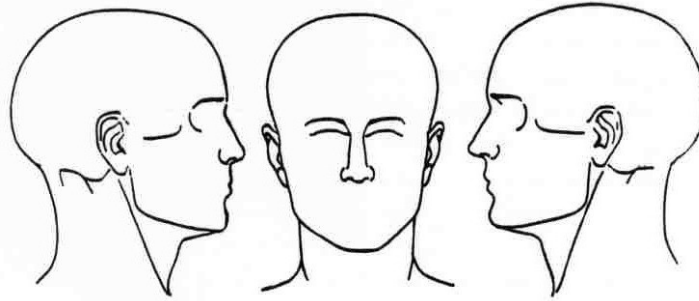


Patient Name _____

Date _____

Mark (with an X) the location of your pain on body outlines



Rate your pain **NOW**:

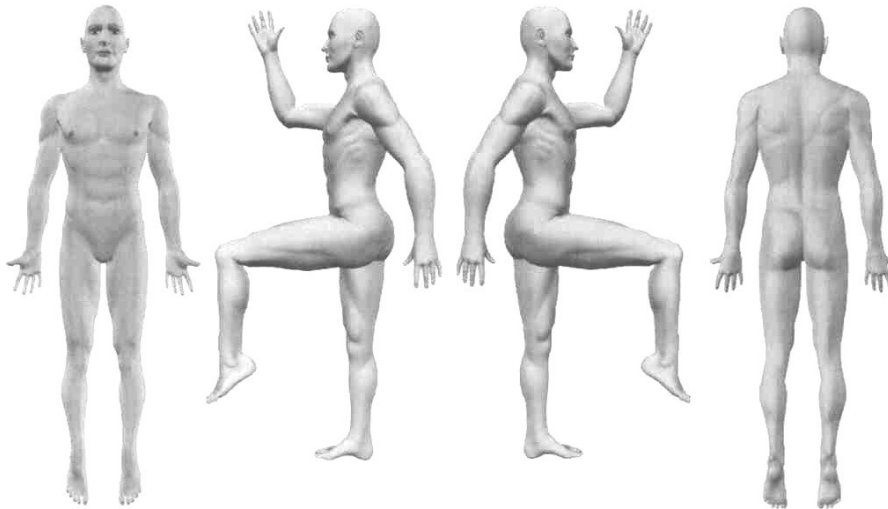
No pain 1 2 3 4 5 6 7 8 9 10 **Worse pain**

Rate your pain at its **WORSE**:

No pain 1 2 3 4 5 6 7 8 9 10 **Worse pain**

Rate your pain at its **BEST**:

No pain 1 2 3 4 5 6 7 8 9 10 **Worse pain**



Rate your pain **NOW**:

No pain 1 2 3 4 5 6 7 8 9 10 **Worse pain**

Rate your pain at its **WORSE**:

No pain 1 2 3 4 5 6 7 8 9 10 **Worse pain**

Rate your pain at its **BEST**:

No pain 1 2 3 4 5 6 7 8 9 10 **Worse pain**

Patient Signature _____ Date _____

Total Points _____ Grade _____%