

Please mark an **X** on the lines below that most accurately represents your pain as follows:

NO PAIN: 0 1 2 3 4 5 6 7 8 9 10 UNBEARABLE PAIN

- 1) Right Now _____
- 2) Average Pain _____
- 3) At Best _____
- 4) At Worst _____

FREQUENCY OF PAIN

(Please note that the three percentages should total 100%.)

What percentage of your awake hours is your pain level at the best level? _____%

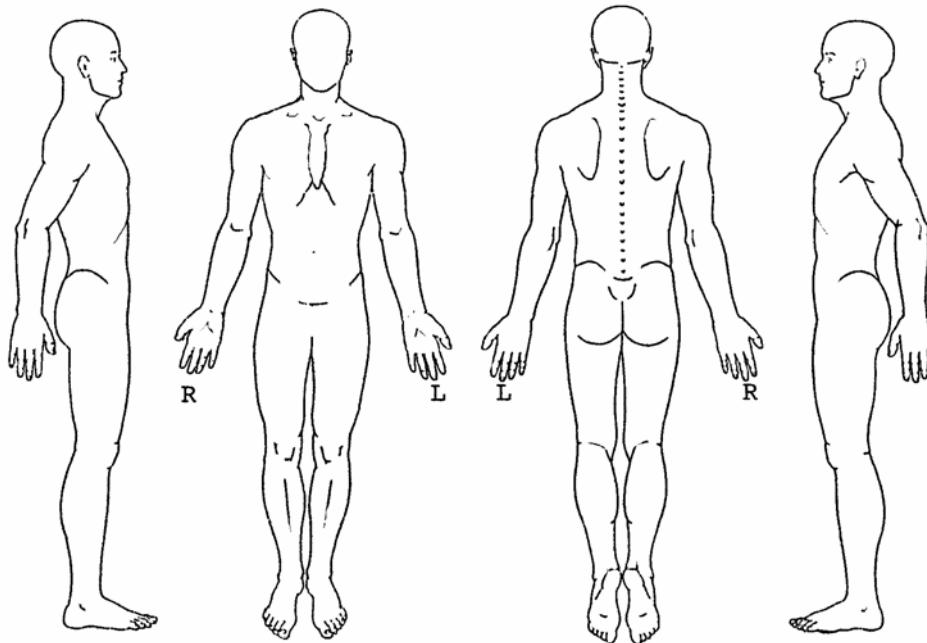
What percentage of your awake hours is your pain at the average level? _____%

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

Use the symbols below, to indicate the type and location of discomfort

Aching pain xxxx	Burning pain ====	Stabbing pain ////	Numbness 0000	Throbbing VVVV	Pins & Needles CCCC	Other sensations (Explain) zzzz
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Draw your face



Right

Front

Back

Left

Signature: _____ Date: _____