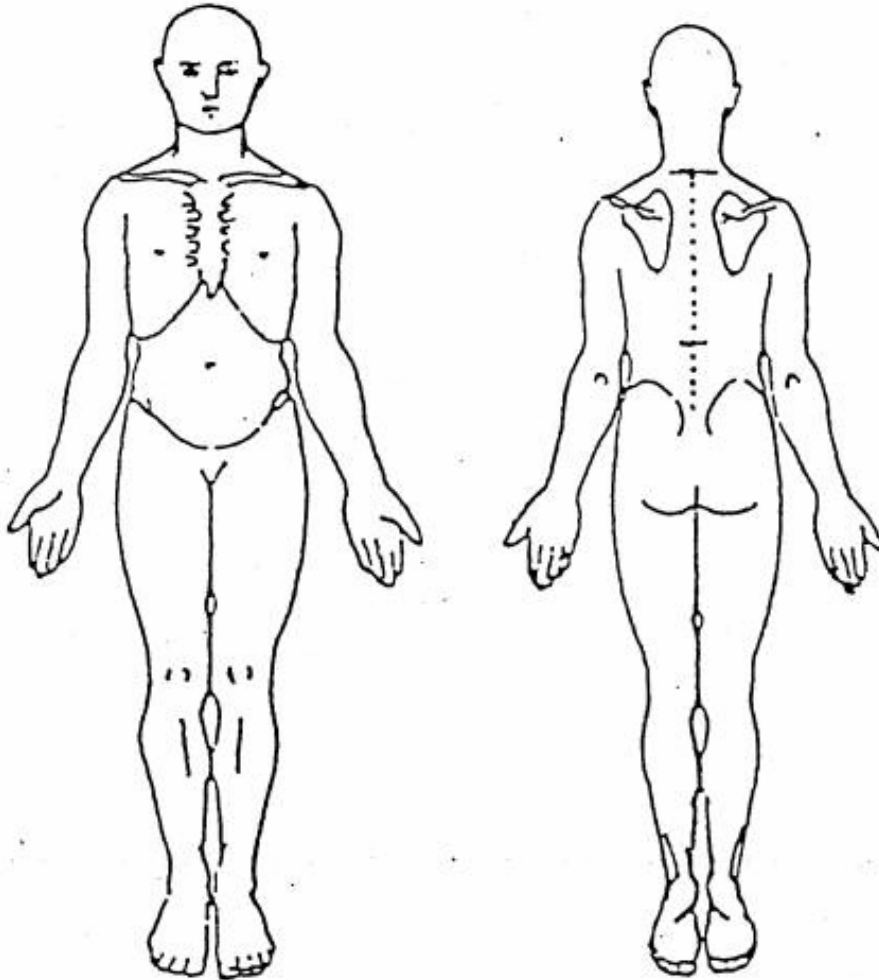


NAME _____ DATE _____

In the drawings below, please indicate where you are experiencing your pain or altered sensation by drawing in the letter abbreviation(s) on the diagrams that most accurately reflect the type of discomfort you are experiencing.

- | | |
|-----------------------|----------------------|
| D = DULL PAIN | T = TINGLING |
| B = BURNING | N = NUMBNESS |
| P = SHARP PAIN | S = STIFFNESS |
| A = ACHY | |



WHAT IS YOUR AVERAGE RATE OF PAIN TODAY?

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

WHAT IMPACT DOES YOUR PAIN HAVE ON YOUR MOOD?

NO AFFECT 0 1 2 3 4 5 6 7 8 9 10 SEVERE IMPACT