

Name _____

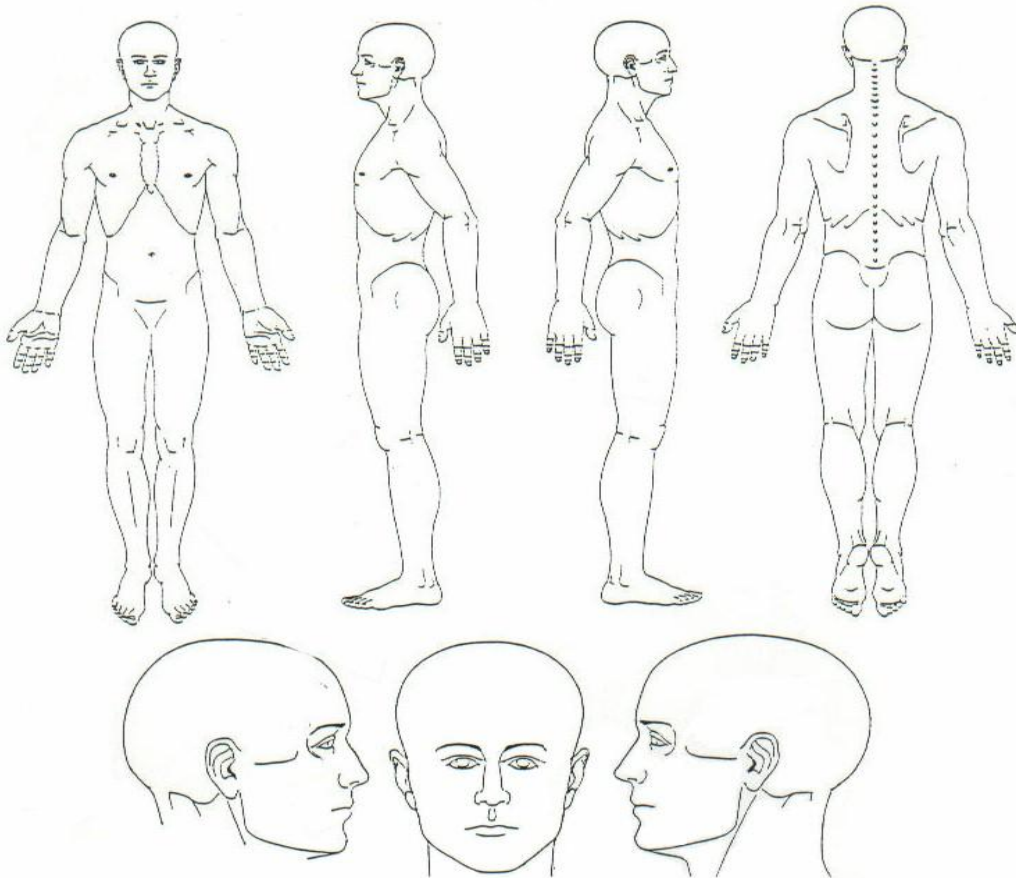
Please indicate, using the symbols below, the current location of your symptoms.

XXXXX – Aching pain

00000 – Numbness/tingling

***** - Sharp Pain

++++++ - Burning Pain



Mark a mark (|) across the line to indicate how bad your pain is between the extremes of “No Pain At All” on the left and “Pain As Bad As It Could Be” on the right. Make a mark across the line to indicate your Pain Today in your major area of injury.

No Pain At All	_____	Pain As Bad As It Could Be
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