

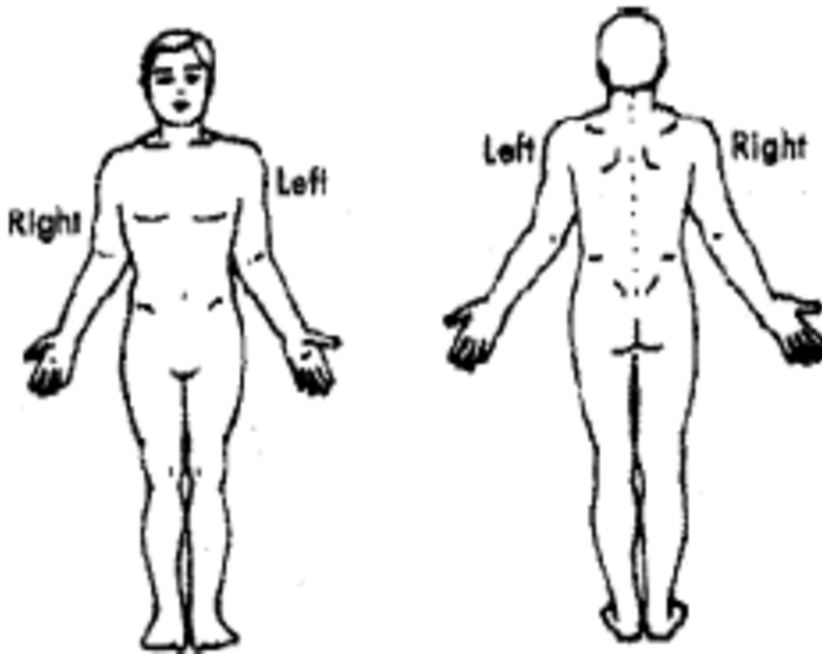
BODY PAIN SCALE

Pain Rating Scale: Use the number scale that is listed below to describe the INTENSITY of your pain.

| NO PAIN | LOW | | | MEDIUM | | | HIGH | | | SEVERE |
|---------|-----|---|---|--------|---|---|------|---|---|--------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Using the number rating system above, describe your:

| | | | |
|---------------------|----------------------|--|--------|
| | Pain level NOW: | | (0-10) |
| In the past 30 days | Pain level at BEST: | | (0-10) |
| In the past 30 days | Pain level at WORST: | | (0-10) |



Use the symbols listed below to describe the location and type of pain or unusual feelings you are having by drawing them on the picture(s) above.

| | |
|-------|------------------|
| OOOO | Pins and Needles |
| XXXX | Numbness |
| ///// | Pain |
| ===== | Other |

Patient Signature: _____ Date: _____
(Parent or Guardian if patient is a minor)