

Patient #: _____

Patient Name: _____

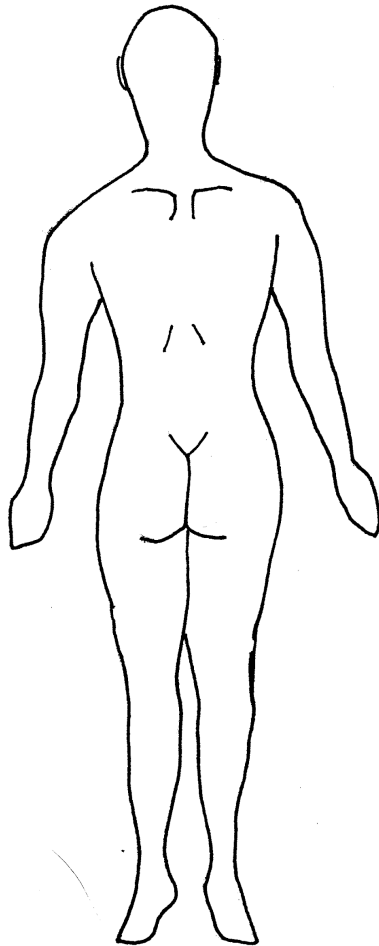
Date: _____

Please tell us where and how you hurt:

Use this scale to indicate how bad it is:

MILD – MODERATE – EXTREME

1 - 2 - 3 - 4 - 5



- ___ Sharp ___
- ___ Dull ___
- ___ Aching ___
- ___ Tingling ___
- ___ Numb ___
- ___ Hot / Burn ___
- ___ Cold ___
- ___ Catch ___
- ___ Crick ___
- ___ Cramp ___
- ___ Stiff ___
- ___ Pressure ___
- ___ Limited Movement ___
- ___ Knifelike / Stabbing ___

