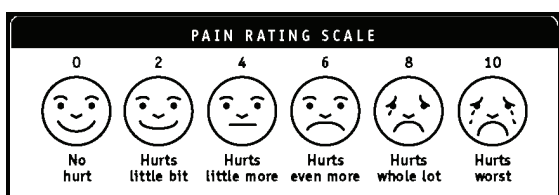




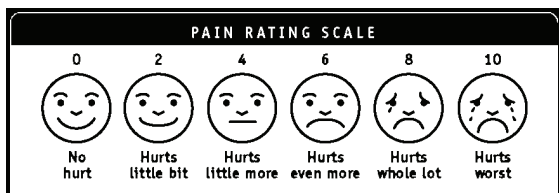
Pain Survey - Please print and fill out completely

Patient Name _____ Today's date: _____

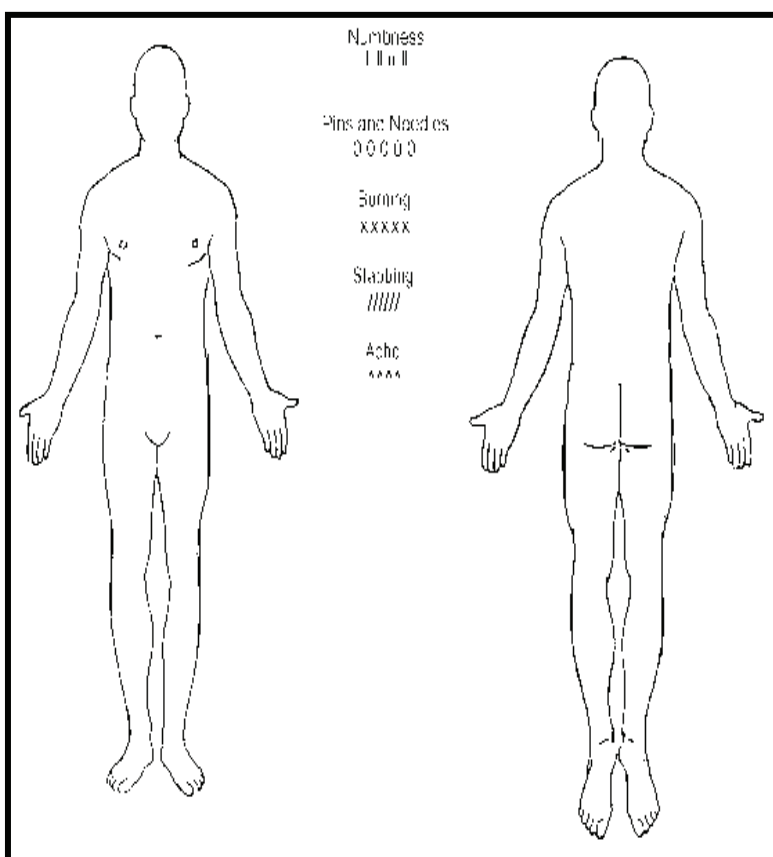
1) Please circle the face that shows your pain when it is at its best.



2) Please circle the face that demonstrates your pain when it is at its worst.



3) Where is your pain located? Please mark the areas of your body where you are feeling pain.



4) Please circle the word(s) that best describe your pain.

Aching	Throbbing	Shooting	Stabbing	Gnawing	Sharp	Tender
Burning	Exhausting	Tiring	Nagging	Penetrating	Numb	Miserable
Tingling	Prickling	“Wadded up sock feeling on bottom of foot”			Buzzing	