

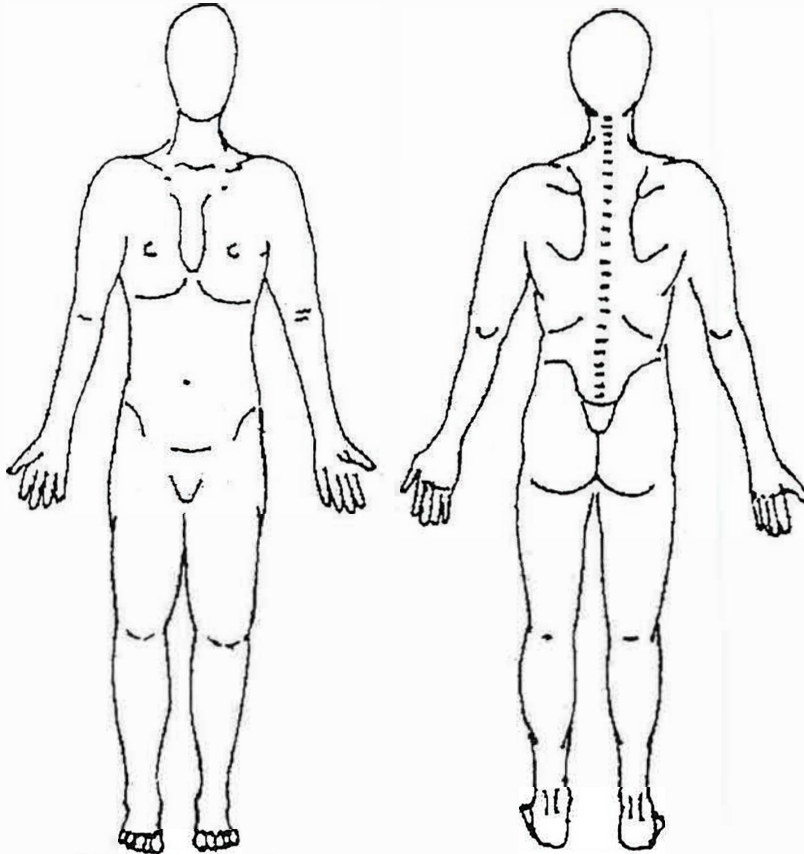
Pain Diagram and Pain Rating

Name: _____

Date: ____/____/____
 mm dd yy

Please use the diagram below to indicate the symptoms you have experienced over the past 24 hours. Use the key to indicate the type of symptoms.

Key: Pins and Needles = 000000 Stabbing = // // // // //
 Burning = xxxxxx Deep Ache = zzzzzz



Please rate your current level of pain on the following scale (check one):

0 1 2 3 4 5 6 7 8 9 10

(no pain)

(worst imaginable pain)

Please rate your worst level of pain in the last 24 hours on the following scale (check one):

0 1 2 3 4 5 6 7 8 9 10

(no pain)

(worst imaginable pain)

Please rate your best level of pain in the last 24 hours on the following scale (check one):

0 1 2 3 4 5 6 7 8 9 10

(no pain)

(worst imaginable pain)



Sports Medicine and Performance Center

IN PARTNERSHIP WITH BOULDER COMMUNITY HEALTH