

## 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 Burning = xxxxxx	Stabbing = ///// 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)					