



Pain Level and Distribution

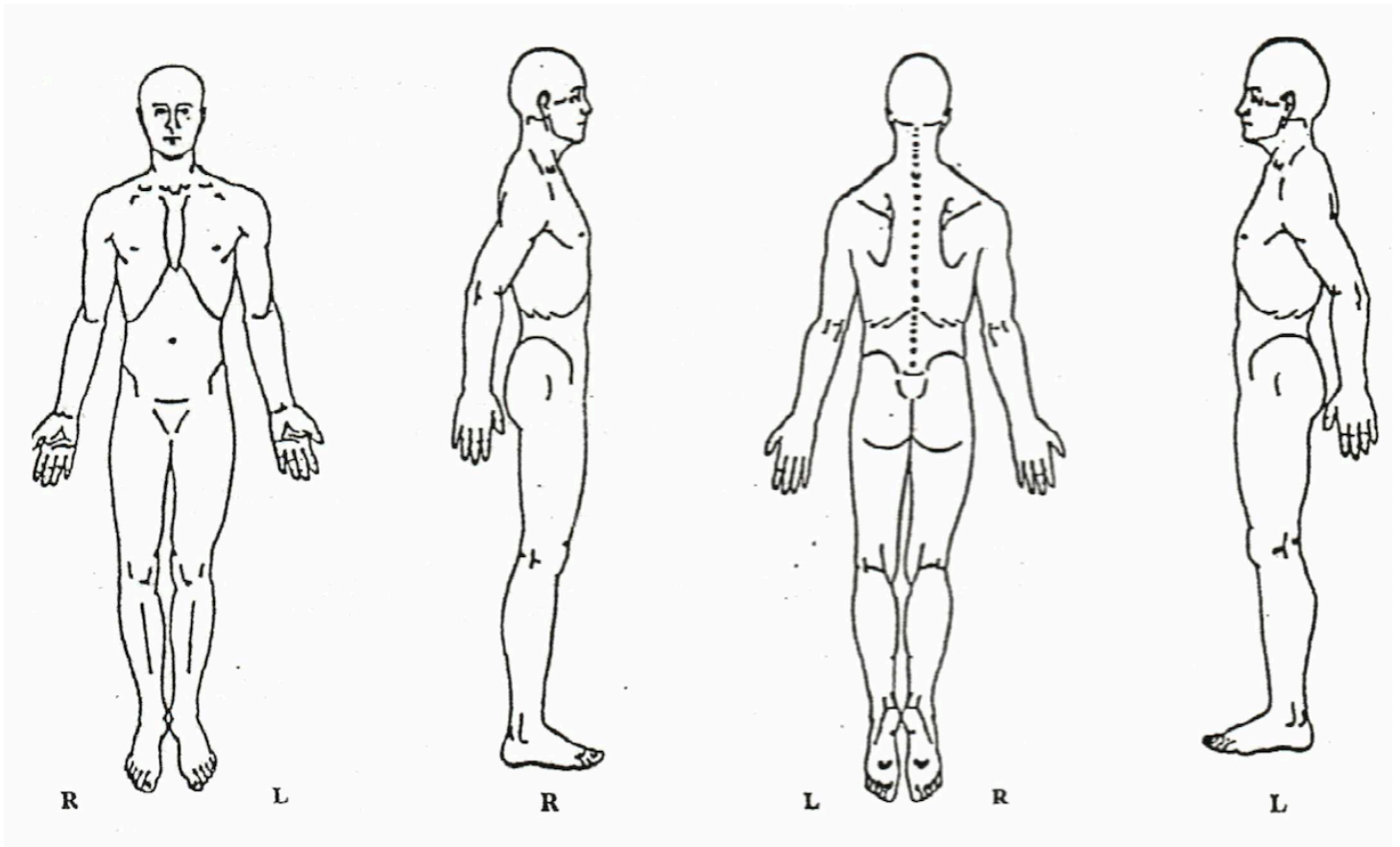
Name.....

Date.....

Date of Birth.....

On a scale of 0 to 10 please indicate by circling the relevant number the pain level you are experiencing at the moment.

1 2 3 4 5 6 7 8 9 10



Please indicate on the diagrams where you feel symptoms by circling the area and labelling with:
P for Pain, N for Numbness, PN for Pins and Needles, B for Burning, A for Aching, T for Tightness

Signed.....

