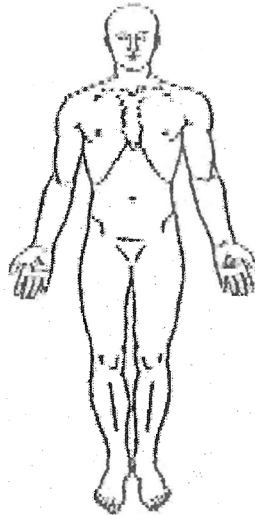
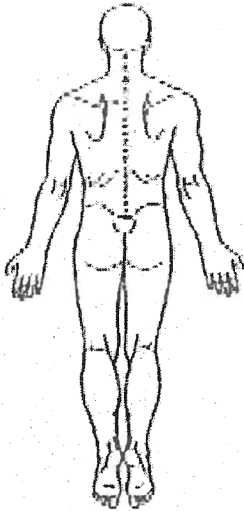


Name: _____ Age _____ Ht _____ Wt _____ Date _____

1. Current Pain Diagram: Mark the current site of main complaint & secondary (if any) complaint symptoms on the figures:



x x x x = pain
o o o o = numb/tingling

2. Current Pain Level: Regarding your main complaint **How bad is your pain?** (Circle)

At Best 0 1 2 3 4 5 6 7 8 9 10
Worst 0 1 2 3 4 5 6 7 8 9 10

0= no pain

10= worst pain imaginable!!

3. Pain Rating: For each item below, please circle the number which most closely describes your condition right now.

| | No Pain/ Disturbance | Mild Pain/Activity Disturbance | Moderate Pain/ Disturbance | Severe Pain/ Disturbance | Worst Possible Pain Unable to do Activity |
|---------------------------|-------------------------|-----------------------------------|-------------------------------|-----------------------------|--|
| Sleeping | 0 | 1 | 2 | 3 | 4 |
| Personal Care | 0 | 1 | 2 | 3 | 4 |
| Travel | 0 | 1 | 2 | 3 | 4 |
| Work | 0 | 1 | 2 | 3 | 4 |
| Recreation | 0 | 1 | 2 | 3 | 4 |
| Lifting | 0 | 1 | 2 | 3 | 4 |
| Walking | 0 | 1 | 2 | 3 | 4 |
| Standing | 0 | 1 | 2 | 3 | 4 |
| Pain Intensity | 0 | 1 | 2 | 3 | 4 |
| Pain Frequency- % of time | 0% | 25% | 50% | 75% | 100% |

Score= _____ /40