

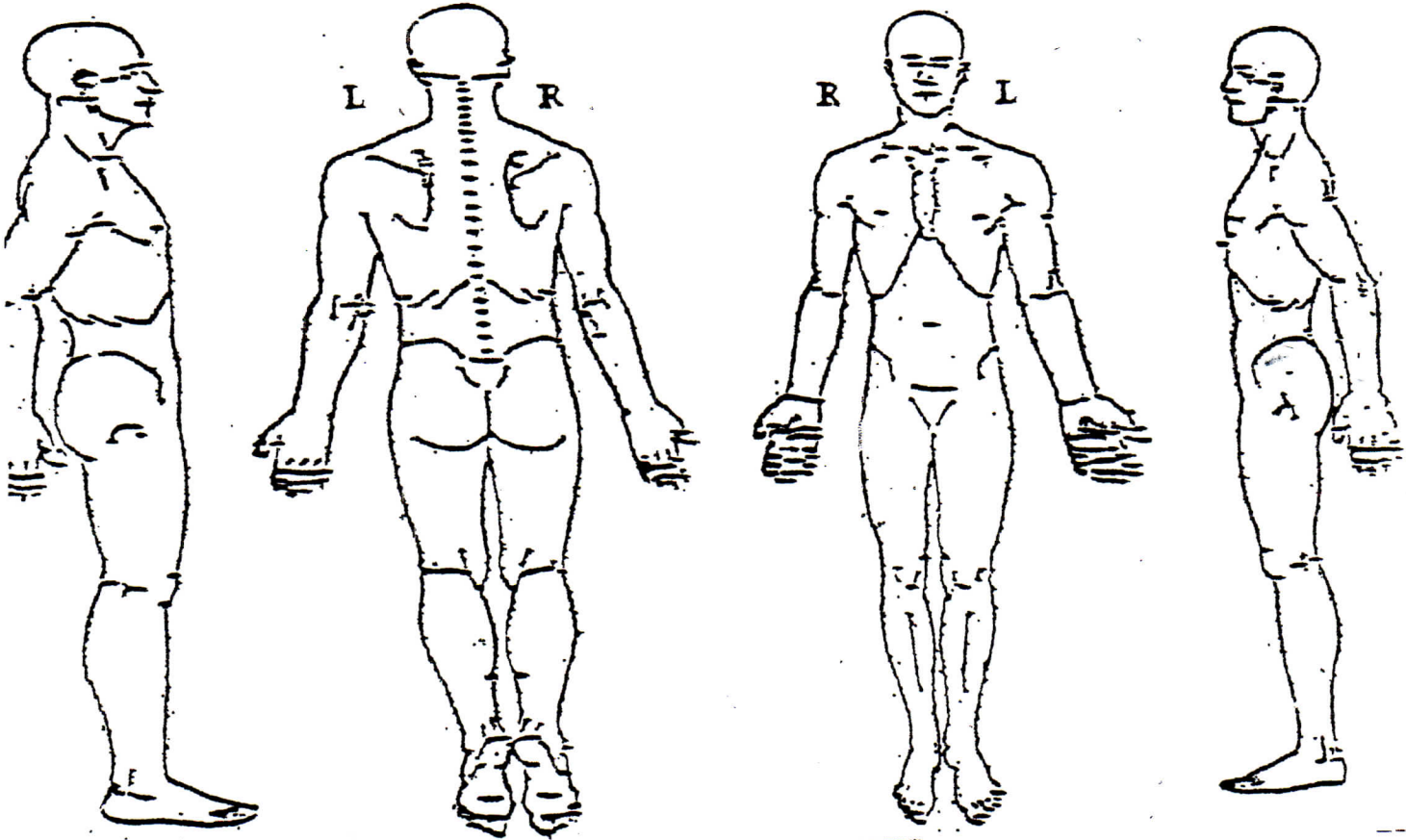
Blue = Pain
 Green = Cramping
 Yellow = Numbness or Tingling
 Red = Burning

Name _____

Date _____

RIGHT

LEFT



On a scale of 0 to 10 (0 no pain, 10 = unbearable, excruciating pain), rate your pain:

Today _____ At Worst _____ At Best _____

Is your pain constant (every minute of each day) _____

Frequency of pain per week _____

How long does pain last when present? _____

What words describe your pain? (ex. Sharp, dull, frightening, throbbing)

What activities increase your pain? _____

What activities decrease your pain? _____