4) Pain Analysis

Use the following rating scale to indicate the severity of your pain

Minimum 1 2 3 4 5 6 7 8 9 10 Maximum

a) _____ Worst b) _____ Least c) _____ Usual d) _____ Today

5) PAIN DRAWING

Please fill this out carefully. Mark the area on your body where you feel the described sensation. Use the appropriate symbol. Mark areas of radiation of pain and include all affected areas.

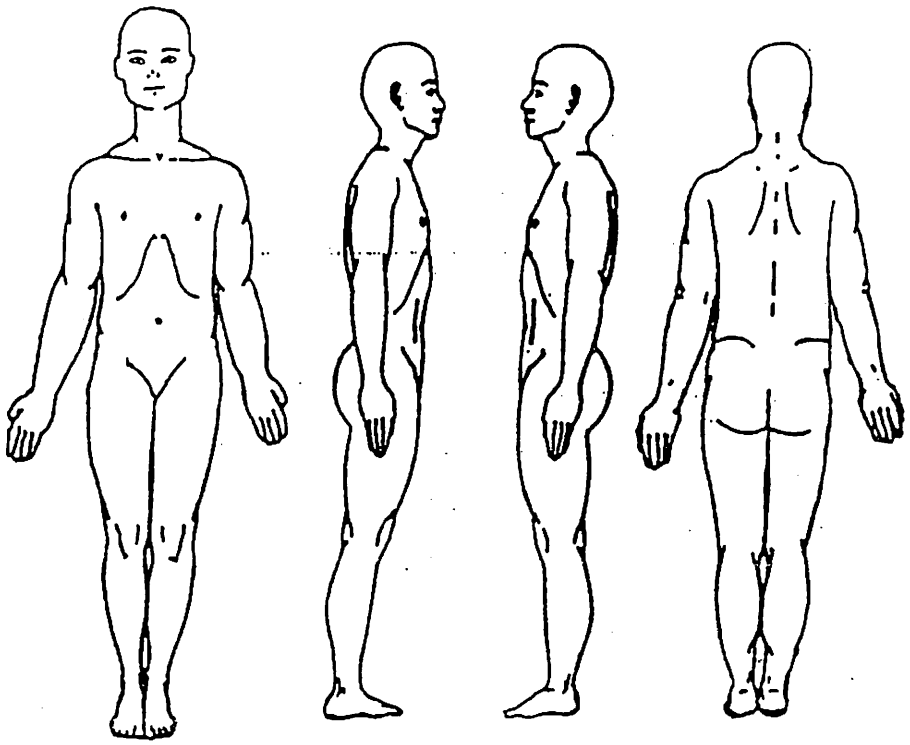
Numbness - **N**

Burning Pain - **B**

Aching Pain - **A**

Pins & Needles - **P**

Stabbing Pain - **S**



6) Where is the pain located (✔ all that apply)

a) ☐ Low Back
b) ☐ Mid Back
c) ☐ Upper Back
d) ☐ Neck
e) ☐ Chest
f) ☐ Abdomen
g) ☐ Groin
h) ☐ Left Buttock
i) ☐ Right Buttock
j) ☐ Left Thigh
k) ☐ Right Thigh
l) ☐ Left Calf
m) ☐ Right Calf
n) ☐ Left Arm
o) ☐ Right Arm
p) ☐ Left Hand
q) ☐ Right Hand

7) What are the characteristics of your pain?

a) ☐ Burning
b) ☐ Sharp, localized
c) ☐ Sharp Shooting Pain
d) ☐ Dull Aching Hard to Localize
e) ☐ Aching
f) ☐ Throbbing
g) ☐ Other (Please Describe):_____

8) Is the pain constant ☐ periodic ☐ or occasional ☐ ?

If pain is periodic, what is the frequency _____ times in a day _____ or in week?

9) When do you experience the most pain?

a) ☐ Morning
b) ☐ Afternoon
c) ☐ Evening
d) ☐ Night

When do you experience the least?

a) ☐ Morning
b) ☐ Afternoon
c) ☐ Evening
d) ☐ Night

Do you have morning stiffness?

☐ Yes
☐ No