

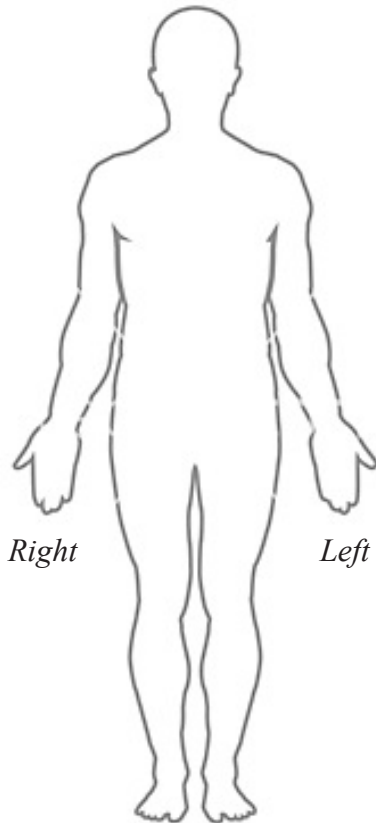
Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTIONS: Use the appropriate symbol(s) on the diagram below (as many as needed) and rate each.

**Mild 1 to 10 Intolerable**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> NUMBNESS (Symbol: *)          | How would you rate this pain? _____ |
| <input type="checkbox"/> PINS AND NEEDLES (Symbol: O)  | How would you rate this pain? _____ |
| <input type="checkbox"/> BURNING (Symbol: x)           | How would you rate this pain? _____ |
| <input type="checkbox"/> DEEP ACHE OR PAIN (Symbol: A) | How would you rate this pain? _____ |
| <input type="checkbox"/> STABBING (Symbol: /)          | How would you rate this pain? _____ |

**Front**



**Back**

