

Patient Name: _____

Date: _____

DOB: _____

Visual Analogue Scale

Please indicate the level of your pain:

1. What is your pain RIGHT NOW?

No pain (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Worst Possible pain

2. What is your pain TYPICAL or AVERAGE PAIN?

No pain (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Worst Possible Pain

3. What is your pain level at it's BEST?

No pain (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Worst Possible Pain

4. What is your pain level at it's WORST?

No pain (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Worst Possible Pain

Pain Diagram

Please mark the following diagram, using the symbols listed below, to illustrate the location and nature of your symptoms.

*** Sharp/Stabbing

xxx Dull/Achy

222 Burning

/// Numbness

ooo Pins and Needles

