

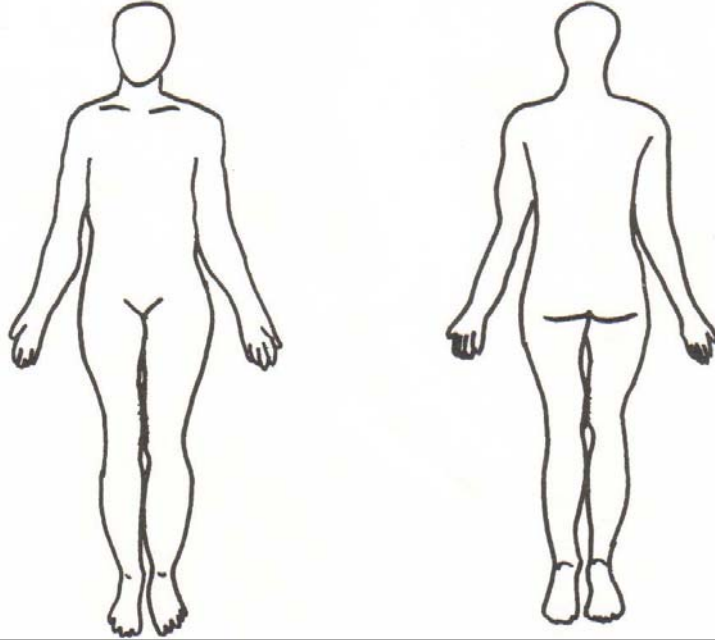
# PATIENT PAIN PROFILE

**PAIN DRAWING:**

**INSTRUCTIONS:** *Mark the area on your body where you feel the described sensations:*

- *Use the appropriate symbol*
- *Mark the areas of spread*
- *Include all affected areas*

<b>KEY:</b>	
Numbness / Tingling	=====
Pins & Needles	oooooooo
Burning pain	xxxxxxxx
Dull / achy pain	.....
Sharp / Stabbing pain	//////////



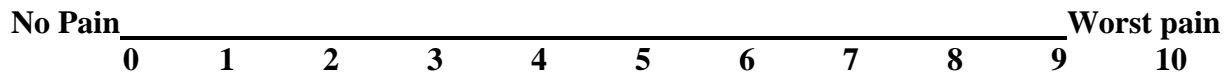
**VISUAL PAIN SCALE**

**INSTRUCTIONS:** *Please circle the number that best describes the question being asked. If you have more than one complaint, please answer each question for each individual complaint and indicate a score for each complaint. Please indicate your pain level right now, and average pain.*

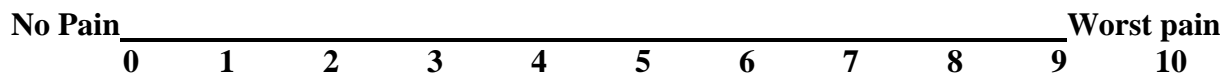
**Example:**

	<i>Headache</i>	<i>Neck</i>	<i>Low back</i>								
No Pain				Worst pain							
	0	1	2	3	4	5	6	7	8	9	10

**What is your pain RIGHT NOW?**



**What is your TYPICAL or AVERAGE pain?**



INITIAL \_\_\_\_\_ DATE \_\_\_\_\_