

Name _____

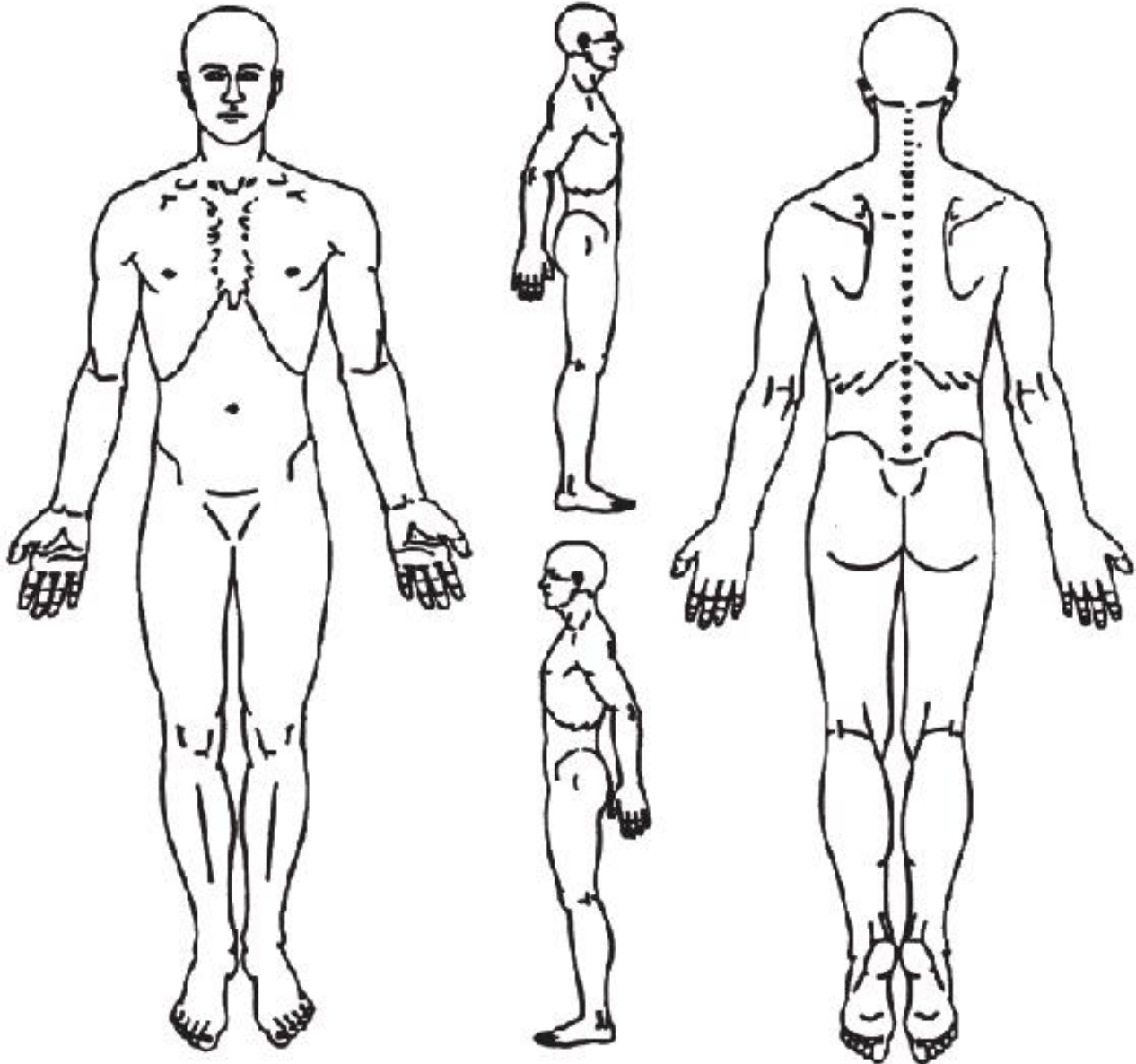
Date _____

1

Use the letters below to indicate the type and location of your symptoms right now.

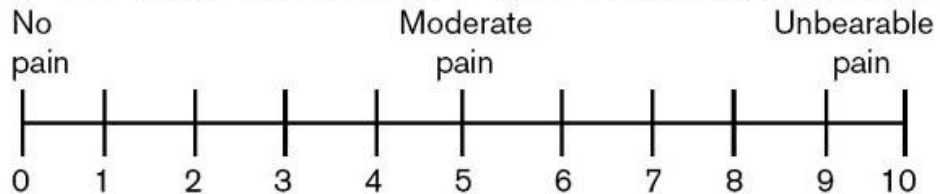
A = ACHE **B** = BURNING **N** = NUMBNESS **P** = PINS & NEEDLES

S = STABBING **F** = STIFFNESS **M** = SPASMS **O** = OTHER



2

0 - 10 VAS Numeric Pain Distress Scale



Circle the number that reflects your pain level at its worst.