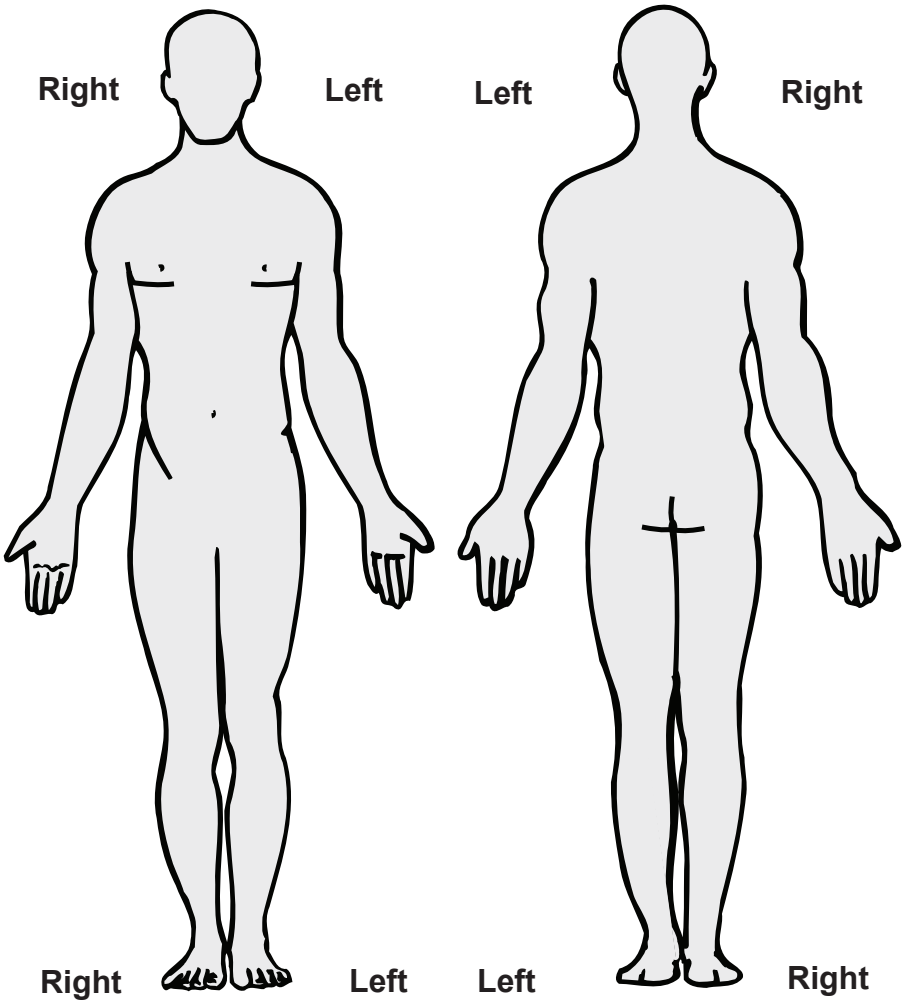
Patient Name: _____ **Date:** _____
FIRST LAST

PAIN DESCRIPTION

Where is your pain right now?

INSTRUCTIONS: **Mark the areas on the body below where you hurt.** (If the right side of your neck hurt, mark the drawing on the right side of the neck, etc.) Please indicate which sensations you feel by referring to the key below.



What number would you score your pain in each area? (0 = no pain, 10 = worst pain imaginable)

Neck Pain: ___ / 10 **Shoulder Blade/Arm/Hand Pain:** ___ / 10

Back Pain: ___ / 10 **Buttock/Thigh/Leg Pain:** ___ / 10

_____ _____
EXAMINEE SIGNATURE DATE