

Total Body Rehab

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PAIN SCALES

Please mark a **straight line** where you feel your pain has been over the past 24 hours. Use the upper line to describe your pain level right now. Use the other scales to rate your pain at it worst and best over the **past 24 hours**. For example: (0-----|-----10).

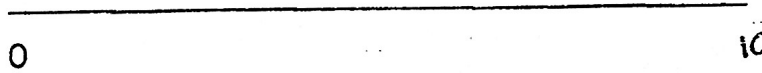
Rate your pain

0=no pain 10=Extremely Intense

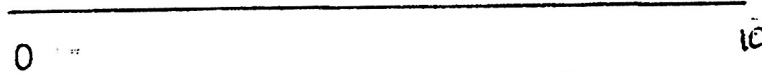
1. Right now



2. At Its Worst



3. At Its Best

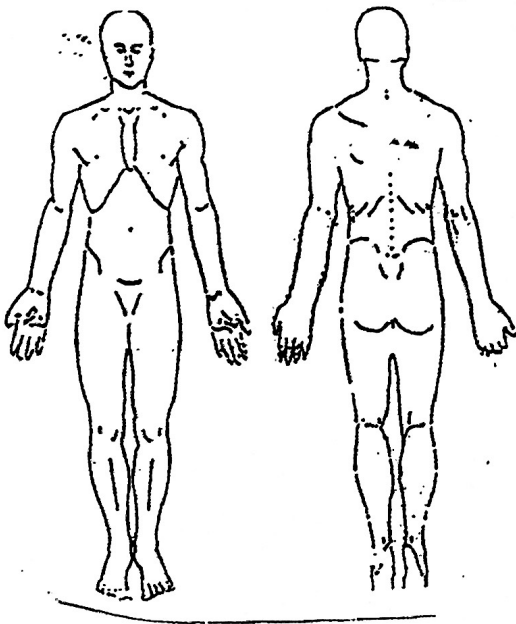


Please use the diagram below to indicate where you feel symptoms right now.

Key: **Pain** =XXXX

Numbness/Tingling =:.....:

Referred pain=shade in



Pain Intensity (circle one)

1—absent or mild

2—more than mild but tolerable

3—moderately severe

4—severe

5—intolerable

Name _____

Date _____