

Name: _____

Date: _____

SEVERITY OF PAIN	
List region of pain and circle severity number. [1 = least, 10 = greatest]	
ex.	Neck
	1 2 3 4 5 6 7 8 9 10
MARK PAIN AREA	
+++	Burning
000	Stabbing
---	Sharp
	Constant
1.	1 2 3 4 5 6 7 8 9 10
2.	1 2 3 4 5 6 7 8 9 10
3.	1 2 3 4 5 6 7 8 9 10
4.	1 2 3 4 5 6 7 8 9 10
5.	1 2 3 4 5 6 7 8 9 10

Please mark area of pain on the drawing using the code listed above.