

Patient Name: _____

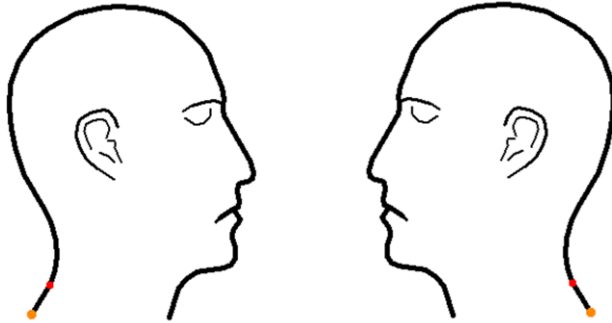
Date: _____

SUBJECTIVE PAIN ASSESSMENT

RATE YOUR PAIN

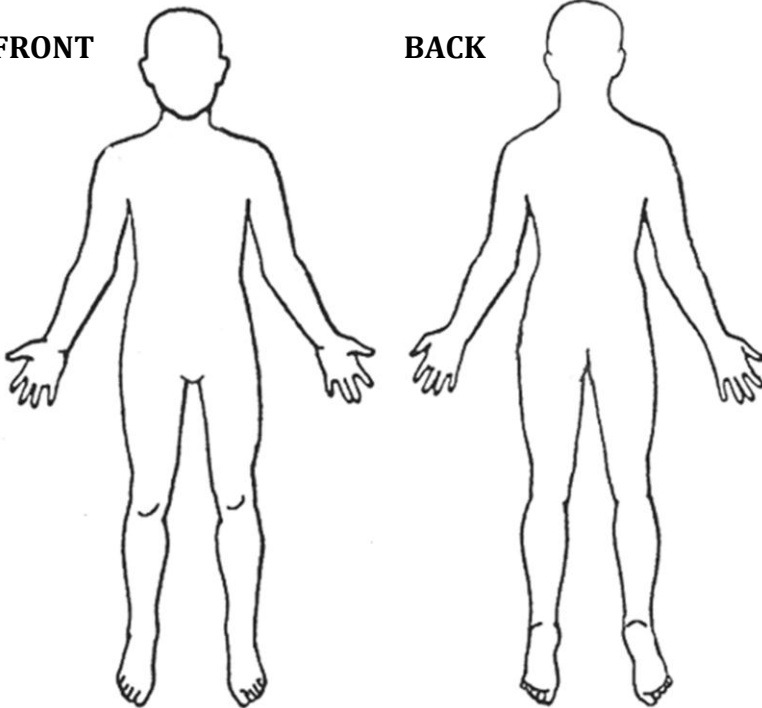
RIGHT

LEFT



FRONT

BACK



Place an "X" on the drawings to the left wherever you have pain.

Beside the "X" indicate the type of pain you are experiencing:

- A=Ache
- B=Burning
- ST=Stabbing
- SP=Spasm
- N=Numbness
- P=Pins and Needles
- T=Throbbing

(Example: XST between your shoulders means you have stabbing pain between your shoulders)

PAIN SCALE: Please circle the number that best describes your overall pain:

0 1 2 3 4 5 6 7 8 9 10 10+

None Little Medium Severe Excruciating

Patient or Authorized Representative Signature

Date
