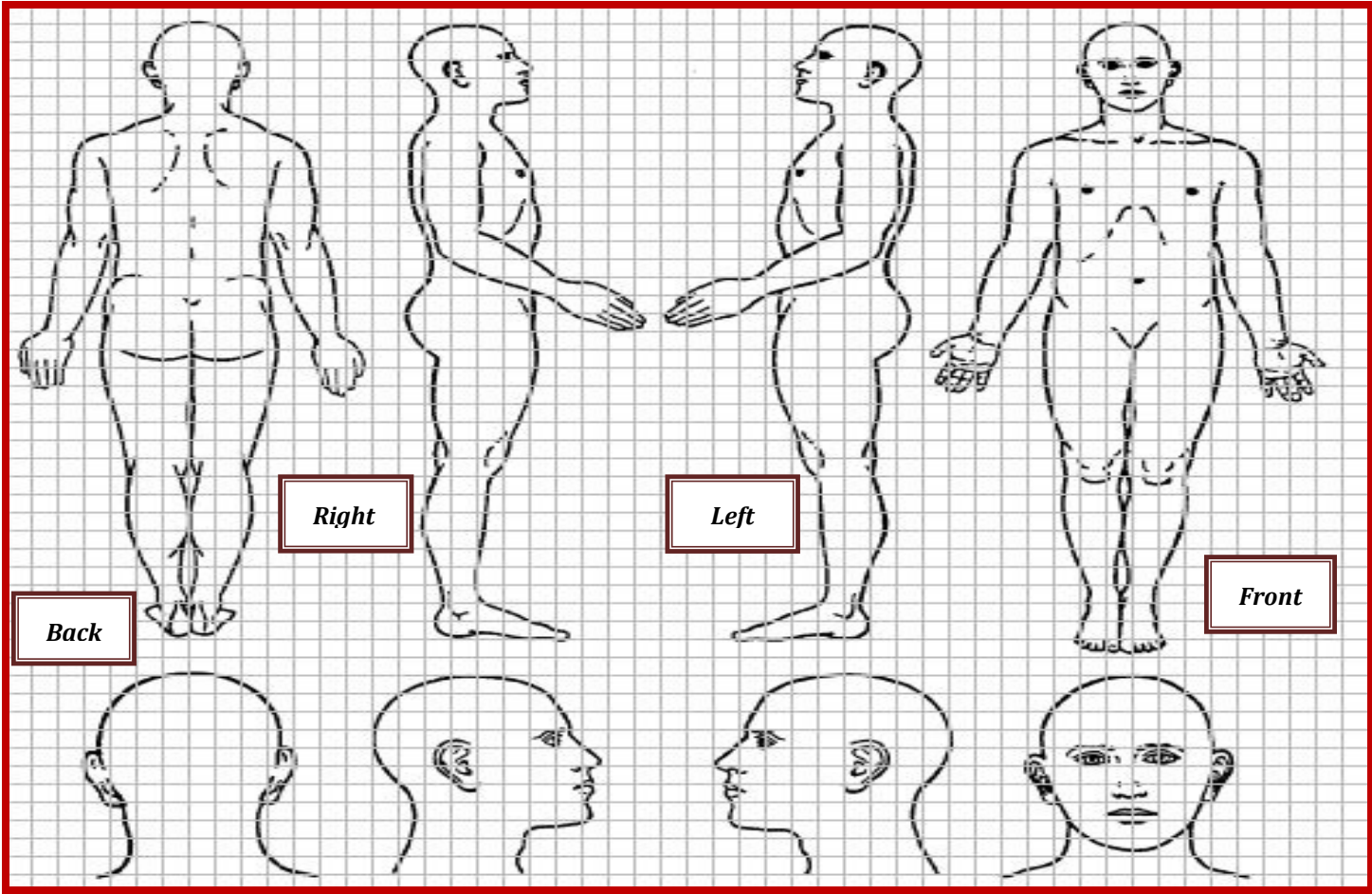




**Please mark the location of your pain, and use the codes below to describe the pain.**

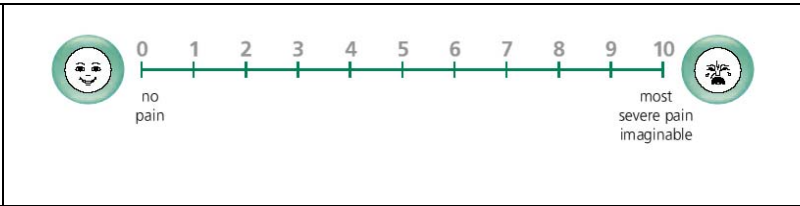
SS = Sharp/Stabbing	N = Numbness	B = Burning	SO = Soreness	D = Dull	A = Aching
E = Electrical	T = Tingling	P = Pins and Needles	W = Weakness		



What is your pain score today? *Circle on the right.*

Comments: \_\_\_\_\_

\_\_\_\_\_



1. When did your pain start? \_\_\_\_\_ Is this work related? No  yes
2. How did your pain start? \_\_\_\_\_
3. What is the maximum pain in the **past 24 hours**? \_\_\_\_/10. Comments: \_\_\_\_\_
4. What is your **ideal/ target** pain goal? \_\_\_\_/10. Comments: \_\_\_\_\_
5. Do you sleep normally? Yes  No,  Describe why not \_\_\_\_\_
6. What increases ↑ your pain? \_\_\_\_\_
7. What decreases ↓ your pain? \_\_\_\_\_