

Name: _____

Pain Levels:

Current: _____

Best: _____

Worst: _____

No Pain			Moderate Pain					Unbearable				
☺	0	1	2	3	4	5	6	7	8	9	10	☹

Indicate the Location of your pain:

Key:

- 0000 Pins and Needles
- XXXX Burning
- |||| Stabbing
- +++++ Aching
- _____ Other

