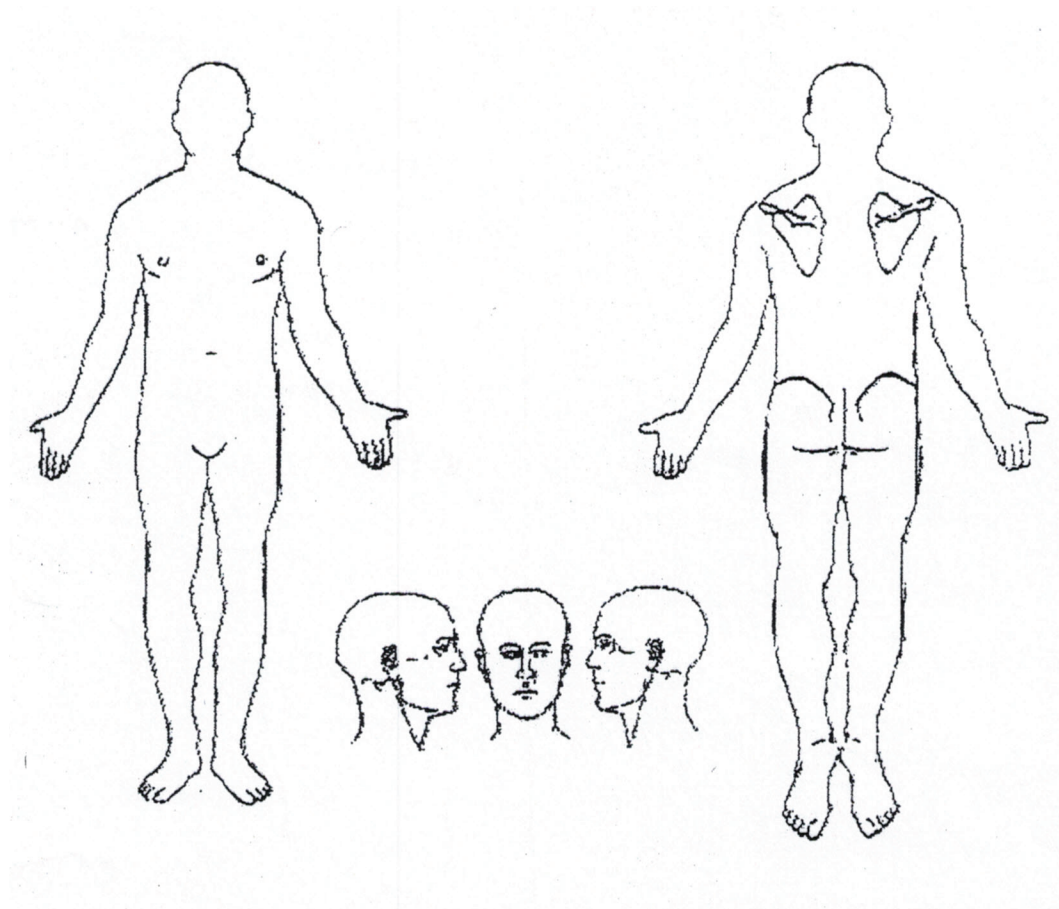


Name: _____

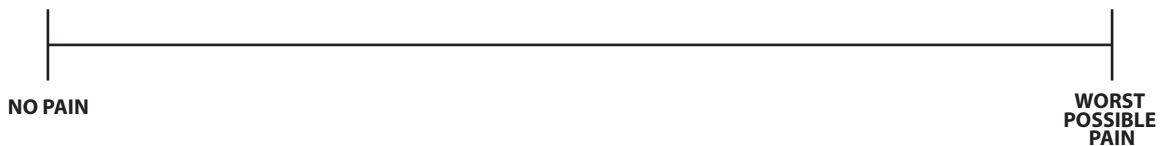
Date: _____

Where is your pain?

Please mark on the drawings below where you feel your pain.



Please mark an **X** upon the line in the area which best indicates your current pain level:



PLEASE ASSIGN A NUMBER TO YOUR CURRENT PAIN LEVEL

Name: _____

Date: _____

Please describe the pain you have these days:

For each group of words, choose the ONE that best applies.

If there are groups of words that do not apply, you may omit them.

1.

Flickering
Quivering
Pulsing
Throbbing
Beating
Pounding

2.

Jumping
Flashing
Shooting

3.

Pricking
Boring
Drilling
Stabbing

4.

Sharp
Cutting
Lacerating

5.

Pinching
Pressing
Gnawing
Cramping
Crushing

6.

Tugging
Pulling
Wrenching

7.

Hot
Burning
Scalding
Searing

8.

Tingling
Itchy
Smarting
Stinging

9.

Dull
Sore
Hurting
Aching
Heavy

10.

Tender
Taut
Rasping
Splitting

11.

Tiring
Exhausting

12.

Sickening
Suffocating

13.

Fearful
Frightful
Terrifying

14.

Punishing
Grueling
Cruel
Vicious
Killing

15.

Wretched
Blinding

16.

Annoying
Troublesome
Miserable
Intense
Unbearable

17.

Spreading
Radiating
Penetrating
Piercing

18.

Tight
Numb
Drawing
Squeezing
Tearing

19.

Cool
Cold
Freezing

20.

Nagging
Nauseating
Agonizing
Dreadful
Torturing