



Circle the area or areas that best describe the location of the pain you are feeling



On a scale of 1 to 10, with 1 being the least and 10 being the most painful, Circle how you would rate that pain

Check any of the following terms that describe your pain

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| <input type="checkbox"/> Aching | <input type="checkbox"/> Burning | <input type="checkbox"/> Sore | <input type="checkbox"/> Pounding | <input type="checkbox"/> Crampy | <input type="checkbox"/> Tight |
| <input type="checkbox"/> Sharp | <input type="checkbox"/> Stabbing | <input type="checkbox"/> Throbbing | <input type="checkbox"/> Pinching | <input type="checkbox"/> Dull | <input type="checkbox"/> Tingling |
| <input type="checkbox"/> Prickling | <input type="checkbox"/> Deep | <input type="checkbox"/> Tender | <input type="checkbox"/> Beating | <input type="checkbox"/> Itchy | <input type="checkbox"/> Tiring |
| <input type="checkbox"/> Splitting | <input type="checkbox"/> Intense | <input type="checkbox"/> Unbearable | <input type="checkbox"/> Cold | | |