

Name (Please Print): _____ Date: _____

**USE THE LETTERS BELOW TO INDICATE THE
TYPE AND LOCATION OF YOUR SENSATIONS RIGHT NOW**

A=Ache

B=Burning

N=Numbness

P=Pins & Needles

S=Stabbing

O=Other



On a scale of 1 to 10, 1 being the best you could feel, 10 being the worst, how would you rate your level of pain today.

1 2 3 4 5 6 7 8 9 10