

NAME _____ DATE _____

PAIN SCALE

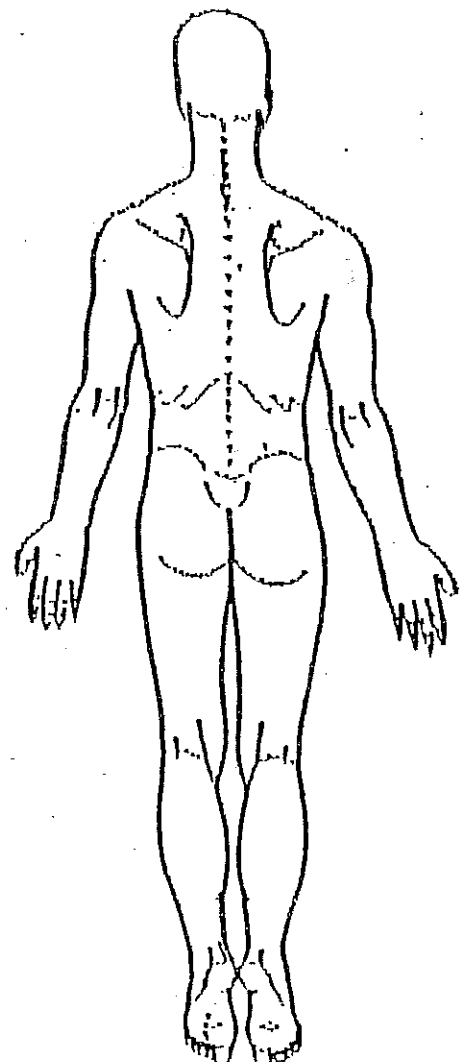
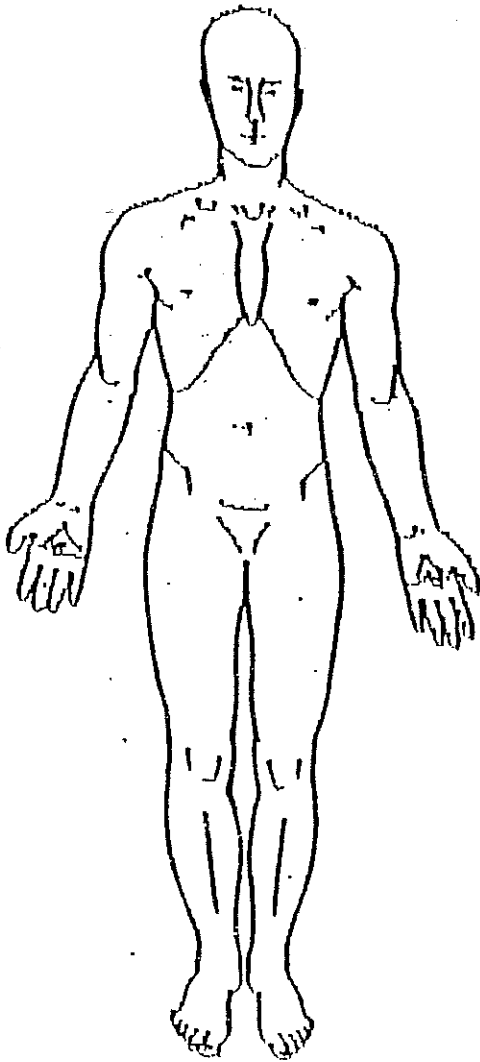
Make a mark through the horizontal line at the point that best represents your pain at this time.



No Pain

Pain as bad
as it can be

PAIN LOCATION



1. Draw the location of your pain on the above body diagrams.
2. If you have other symptoms, include these also.