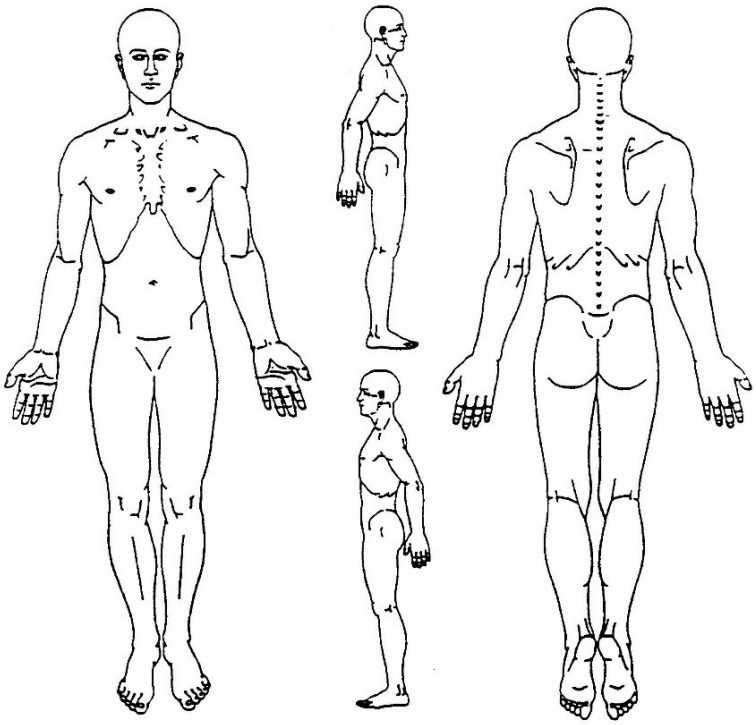
PRINCETON SPORTS & FAMILY MEDICINE

Date: _____
Patient's Name : _____
Date of Birth : _____

Pain Diagram and Rating

Please use the diagram below to indicate the symptoms you have experienced over the past 24 hours. Use the key to indicate the type of symptoms.

Pins and Needles = 00000
Burning = XXXXX
Stabbing = /////
Deep Aches = ZZZZZ



Please rate you current level of pain on the following scale (circle 1)

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

(no pain) (worst imaginable pain)

Please describe your pain (check all that apply):

- ☐ Sharp
- ☐ Achy
- ☐ Burning
- ☐ Spasm
- ☐ Numbness/tingling
- ☐ Dull
- ☐ Fatigue
- ☐ Radiating
- ☐ Soreness

Please describe your pain (check all the apply):

- ☐ Constant
- ☐ Occasional
- ☐ Intermittent
- ☐ During rest
- ☐ During activity
- ☐ Following activity
- ☐ Night pain