

Using the scale below, please indicate the number which best represents the severity of your pain.

Average for the last 48 hours _____ out of 10 _____
 Best for the last 48 hours _____ out of 10 _____
 Worst for the last 48 hours _____ out of 10 _____

0	Pain Free
1	Very minor annoyance - occasional minor twinges.
2	Minor annoyance - occasional strong twinges.
3	Annoying enough to be distracting.
4	Can be ignored if you are really involved in your work, but still distracting.
5	Can't be ignored for more than 30 minutes.
6	Can't be ignored for any length of time, but you can still go to work and participate in social activities.
7	Makes it difficult to concentrate, interferes with sleep. You can still function with effort.
8	Physical activity severely limited. You can read and converse with effort. Nausea and dizziness set in as factors of pain.
9	Unable to speak. Crying out or moaning uncontrollably - near delirium.
10	Unconscious. Pain makes you pass out.

On the body map below, please indicate where you feel the following symptoms:
 X pain 0 numbness / burning -> shooting pain

