

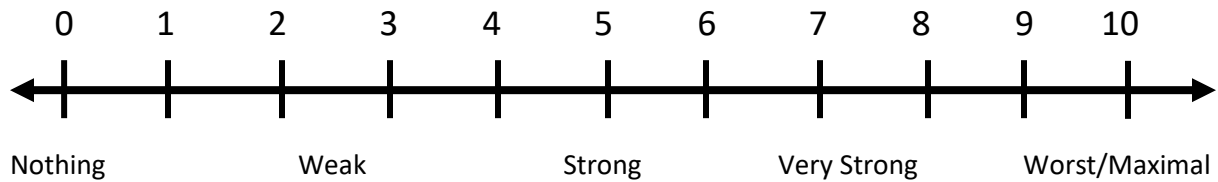
Pain Rating

Instructions:

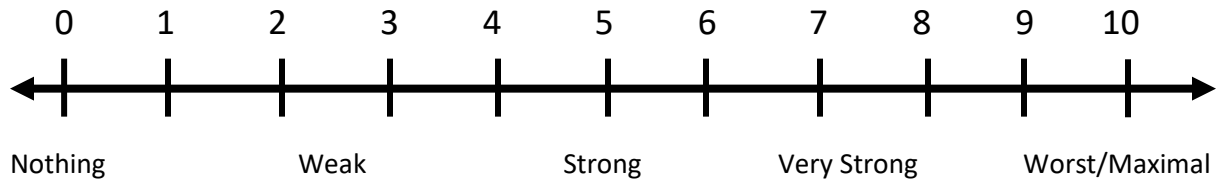
Rate your pain from 0 to 10, where 0 is no pain at all and 10 is the worst pain imaginable.

In the past 30 days, rate your pain for....

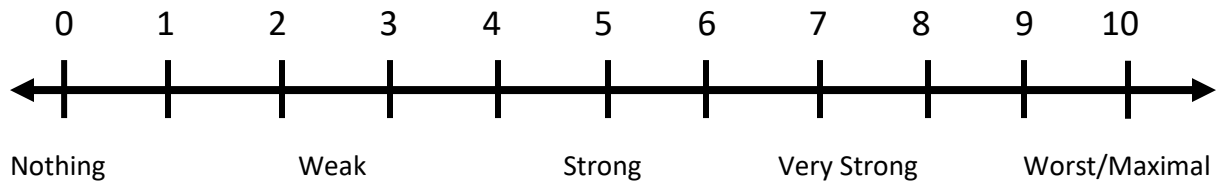
Pain Number Right Now:



Pain Number at its Worst:



Pain Number at its Best:



NAME: _____ DATE: _____