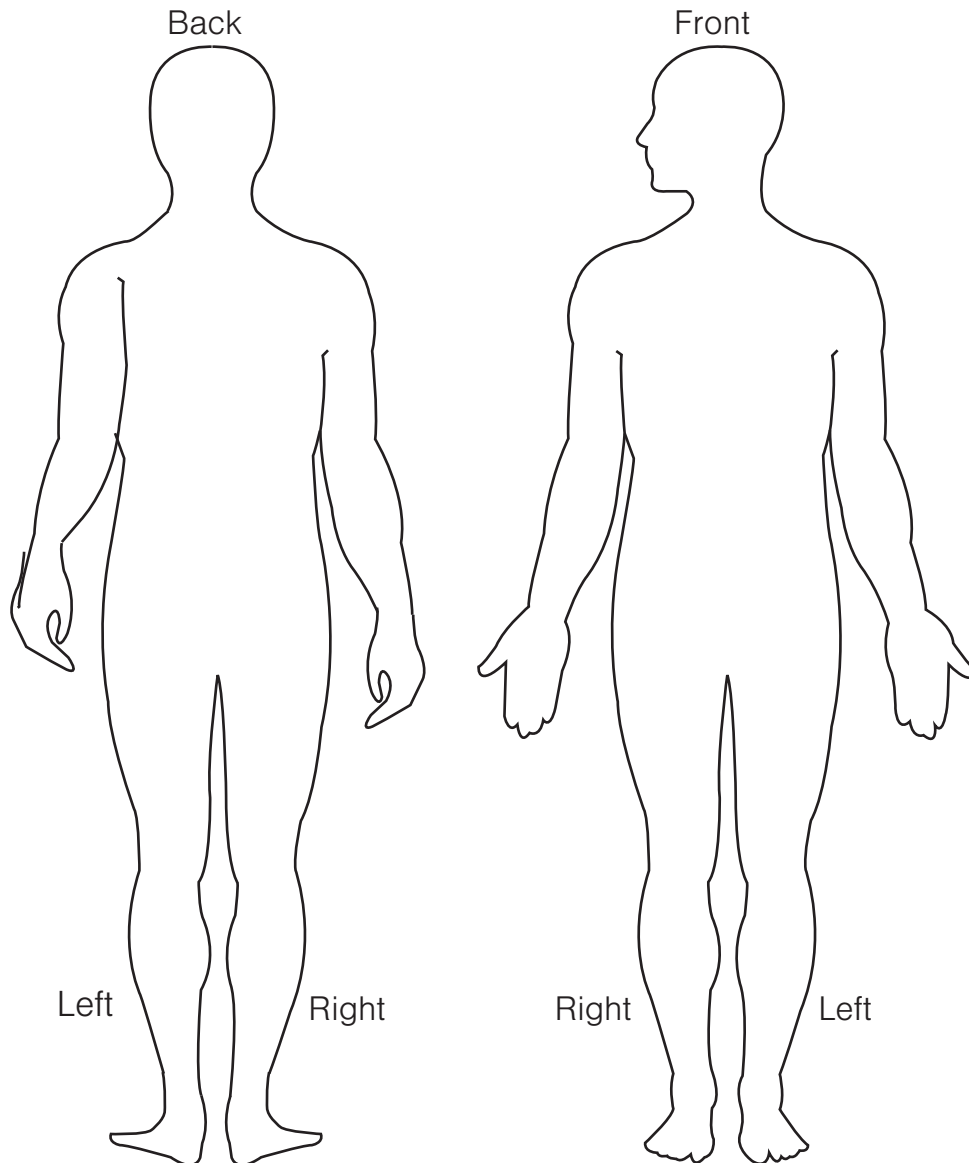


Patient Name: _____ Date: _____

<p>Mark these drawings using the symbols that best describe your pain.</p>	<p>Pain in arm(s) compared to neck</p>
<p>Numbness: ———</p> <p>Aches: ~~~~~~</p> <p>Pins&Needles: 00000000</p> <p>Stabbing: //////////////</p> <p>Burning: \\\\\\\</p> <p>Cramping: :::::</p>	<p>Worse than:</p> <p>Same as:</p> <p>Less than:</p>



Physicians Signature: _____ Date: _____

Visual Analog Scale

Patient Name: _____

Date: _____

Score	Type of Pain
1	No significant pain
2	Occasional pain
3	Activity related, relief with rest
4	Requiring occasional NSAIDs
5	Interferes with work, constant NSAIDs
6	Interferes with work, NSAIDs, pain modalities
7	Requiring occasional opiate use
8	Constant, regular opiate use
9	Constant, bed to chair activity only, opiates
10	Morphine pump, high does constant opiates

NSAIDs: nonsteroidal anti-inflammatory drugs

Neck and Arms

Please rate your neck pain on the following scale

0 1 2 3 4 5 6 7 8 9 10
(no pain) (worst imaginable pain)

Please rate your right arm pain on the following scale

0 1 2 3 4 5 6 7 8 9 10
(no pain) (worst imaginable pain)

Please rate your left arm pain on the following scale

0 1 2 3 4 5 6 7 8 9 10
(no pain) (worst imaginable pain)

Upper/Middle Back

Please rate your upper middle back pain on the following scale

0 1 2 3 4 5 6 7 8 9 10
(no pain) (worst imaginable pain)

Please rate your right upper back pain on the following scale

0 1 2 3 4 5 6 7 8 9 10
(no pain) (worst imaginable pain)

Please rate your left upper back pain on the following scale

0 1 2 3 4 5 6 7 8 9 10
(no pain) (worst imaginable pain)

Lower Back and Legs

Please rate your lower back pain on the following scale

0 1 2 3 4 5 6 7 8 9 10
(no pain) (worst imaginable pain)

Please rate your right leg pain on the following scale

0 1 2 3 4 5 6 7 8 9 10
(no pain) (worst imaginable pain)

Please rate your left leg pain on the following scale

0 1 2 3 4 5 6 7 8 9 10
(no pain) (worst imaginable pain)

What percentage of your pain is in your:

Back _____
Right leg _____
Left leg _____
Total _____

If you experience neck, upper middle back and lower back pain what percentage is in your:

Neck _____
Upper back _____
Lower back _____
Total _____

*Total should = 100%