

The information you provide on this document will be useful for the provider seeing you today. If you are being seen for a painful condition today then please answer the following questions and mark the drawing according to how you feel;

1. Please indicate your date of injury: _____ / _____ / _____

2. Frequency of pain (please circle):

No pain Occasional Frequent Continuous

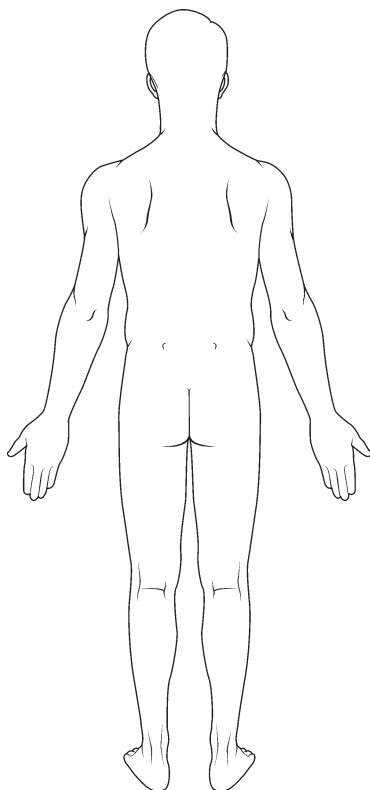
3. Pain severity (please circle): 0 = no pain 10 = worst pain you have ever had

0 1 2 3 4 5 6 7 8 9 10

4. What activities make your pain worse? _____

What activities make your pain better? _____

If you have any of the symptoms shown on the diagram, indicate where they are by writing the following letters on the affected body part:



A = Aching

B = Burning

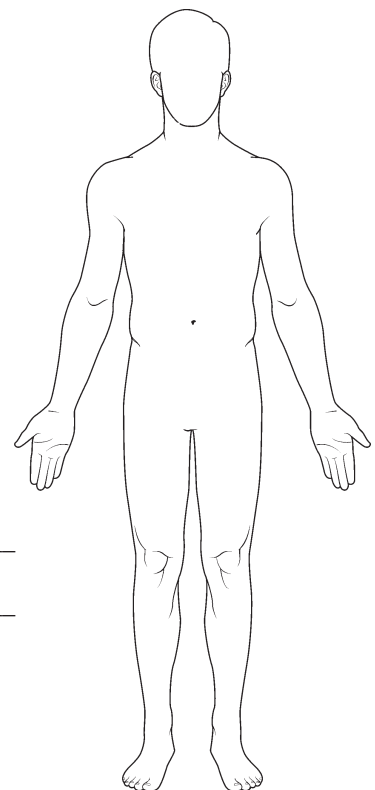
N = Numbness

P = Pins & Needles

S = Stabbing

O = Other

Please describe other pain:



PAIN DIAGRAM

MultiCare 
HealthWorks