



Date: \_\_\_\_\_ Name: \_\_\_\_\_

# VISUAL PAIN RATING SCALE

## INSTRUCTIONS

Make a mark ( / ) along the line which you think represents your current level of pain in your major area of injury, somewhere between "NO PAIN AT ALL" and "PAIN AS BAD AS IT COULD BE"

NO PAIN AT ALL \_\_\_\_\_ PAIN AS BAD AS IT COULD BE

# PAIN DIAGRAM

## INSTRUCTIONS

On the following diagrams, indicate all areas of:

- Pain - xxxx
- Stiffness - ////
- Numbness - 0000
- Other -
- (Specify)

