

NAME: _____ DATE: _____

(1) PLEASE SHADE THE AREAS OF PAIN.

(2) USING A PAIN SCALE OF **0 = NO PAIN TO 10 = MAXIMUM PAIN**:

a. Near the painful area, write the number for its usual pain intensity, and circle that number.

b. Below that number, please give two numbers that describe the **LOW** and **HIGH** range of pain for that area (for example 2 – 6).

