

**Pain Measure**  
**Kinetic Institute Physical Therapy**

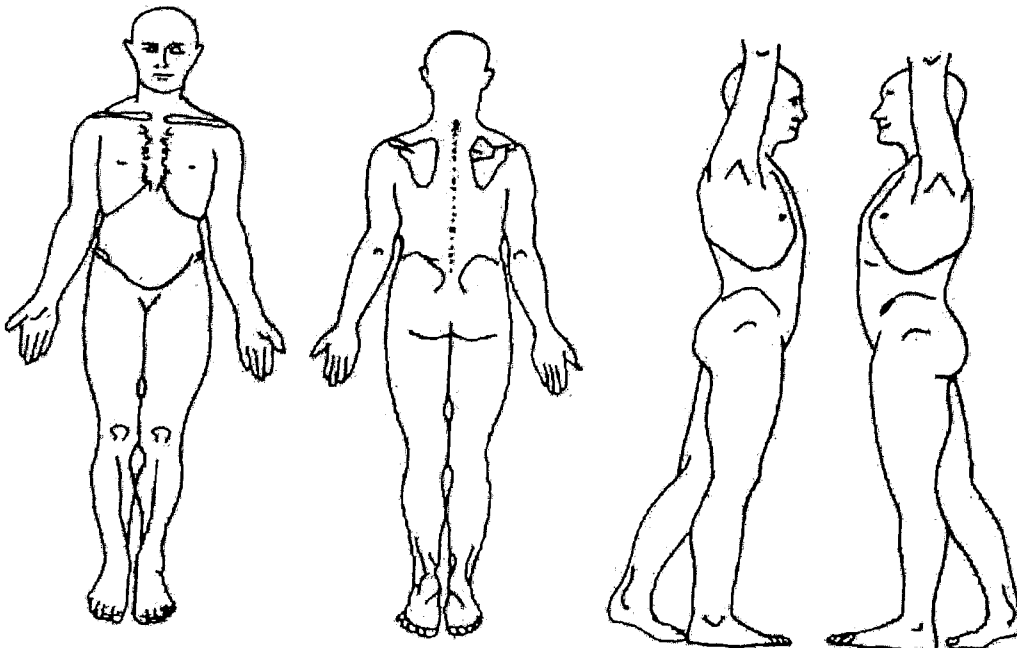
Name:

Date:

**Where is your pain now?**

Mark the areas of the body where you feel the sensations described below, using the appropriate symbol. Please include all area where you experience the sensations.

Ache	Numbness	Pins & Needles	Burning	Stabbing
○○○	////	+++++	====	XXXX



**How bad is your pain now?**

Circle the number to indicate how bad your pain is **now**.

Underline the **least** amount of pain you experience.

Underline the **greatest** amount of pain you experience.

0    1    2    3    4    5    6    7    8    9    10