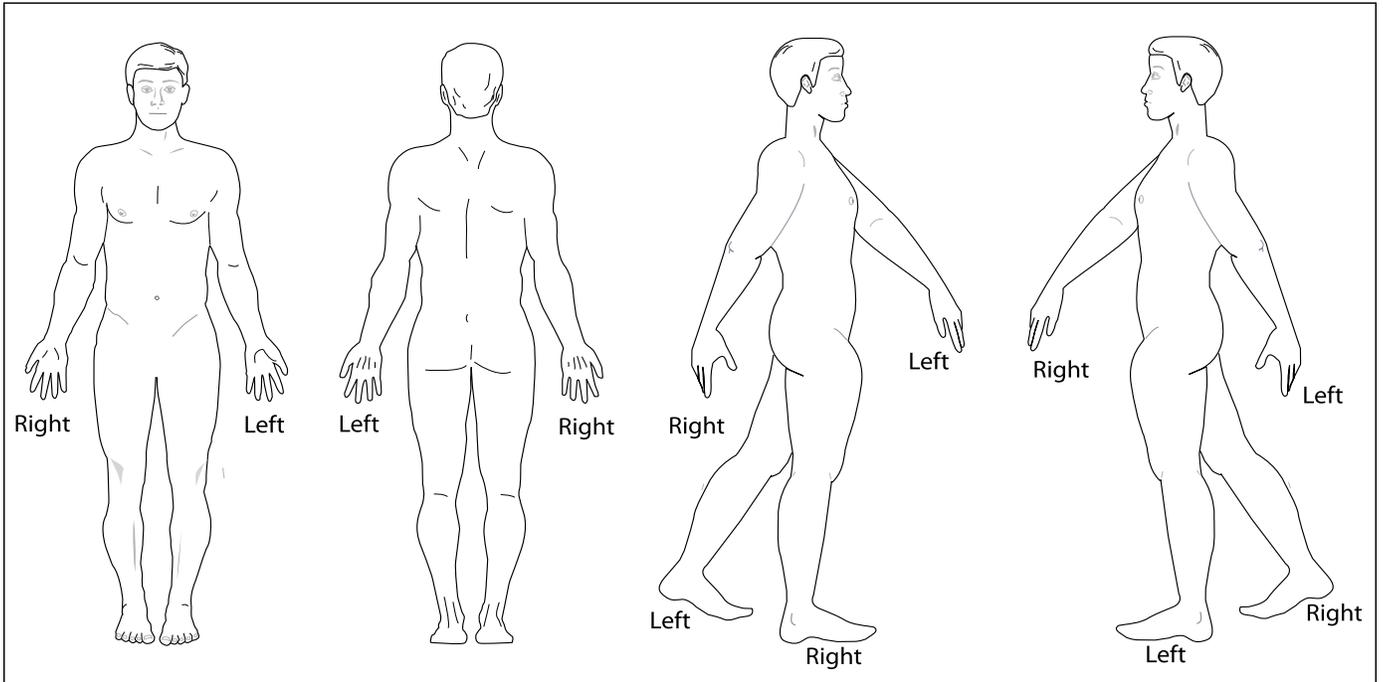




Please shade in the areas on the diagram where your present pain is located (*please be careful to distinguish right from left*):



If "0" represents NO pain and "10" represents the WORST pain imaginable (i.e. childbirth or surgery without anesthesia), circle the number that best describes the average pain you have had over the past 7 days:

0 1 2 3 4 5 6 7 8 9 10

Please circle all appropriate words that best describe your current pain:

Aching	Cramping	Hot	Mild
Throbbing	Sharp	Cold	Moderate
Dull	Stinging	Heavy	Severe
Deep	Stabbing	Constant	Annoying
Sore	Shooting	Intermittent	Unbearable
Tight	Burning	Brief/Transient	Excruciating

WOMEN ONLY Can you become pregnant? Yes No If not, why? _____
 Are you now or could you be pregnant? Date of last period _____ Normal Yes No
 Date of last Mammogram _____ Normal Yes No
 Date of last Pap Smear _____ Normal Yes No

Physician Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

Patient Signature: _____ Date: _____