

Patient Name: _____ **Date:** _____

0 1 2 3 4 5 6 7 8 9 10
Activities have not been limited Activities have been severely limited

0 1 2 3 4 5 6 7 8 9 10
Activities have not been limited Activities have been severely limited

Global Rating: 0 = no function 100 = full function

0 1 2 3 4 5 6 7 8 9 10

Unable to perform Able to perform at same level as prior to injury

0 1 2 3 4 5 6 7 8 9 10
Unable to perform Able to perform at same level as prior to injury

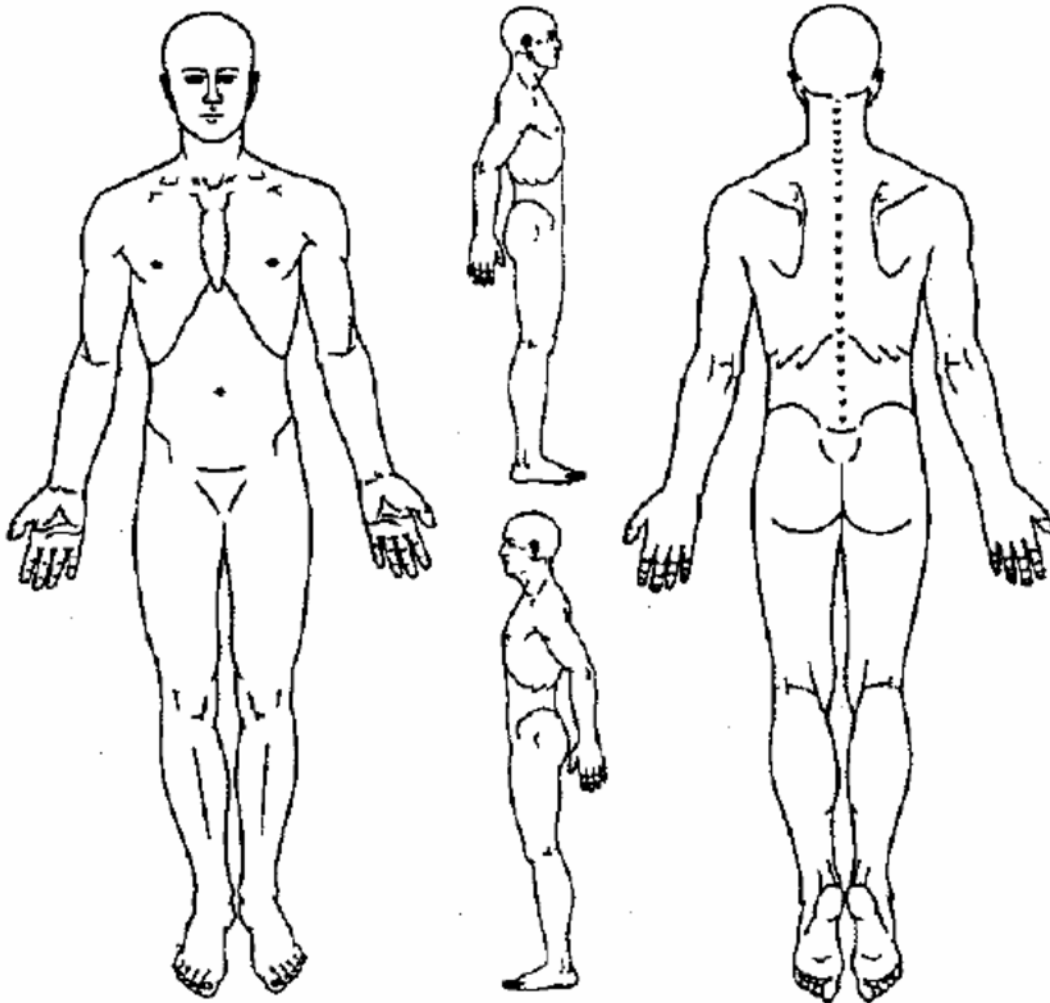
0 1 2 3 4 5 6 7 8 9 10

Unable to perform Able to perform at same level as prior to injury

Pain Diagram

Please mark the area of injury or discomfort on the chart below, using the appropriate symbols:

Numbness	Pins & Needles	Burning	Aching	Stabbing
-----	○ ○ ○ ○ ○	^ ^ ^ ^	x x x x	⊗ ⊗ ⊗ ⊗
-----	○ ○ ○ ○ ○	^ ^ ^ ^	x x x x	⊗ ⊗ ⊗ ⊗
-----	○ ○ ○ ○ ○	^ ^ ^ ^	x x x x	⊗ ⊗ ⊗ ⊗



NAME _____

DATE _____

No Pain |-----| Worst Possible Pain

Please make a slash through this line as to the level of your pain.

Patient Signature