Vero Neurospine

1040 37th Place, Suite 101, Vero Beach, FL 32960, (772)205-3345 (phone), (772)205-3346 (fax)

DESCRIPTION OF YOUR PAIN

DATE: _____

PATIENT NAME: _____ DATE OF BIRTH: _____

Please mark which of these words describes your pain.

Throbbing	
Shooting	
Stabbing	
Sharp	
Cramping/ Gnawing	
Hot- Burning	
Aching	
Heavy	
Tender	
Splitting	
Tiring – Exhausting	
Sickening	
Fearful	
Punishing- Cruel	

Please put a mark in the box to show how bad your usual pain has been recently.

NO PAIN	1	2	3	4	5	6	7	8	9	10	WORST PAIN

Please mark areas of pain on the figures below.