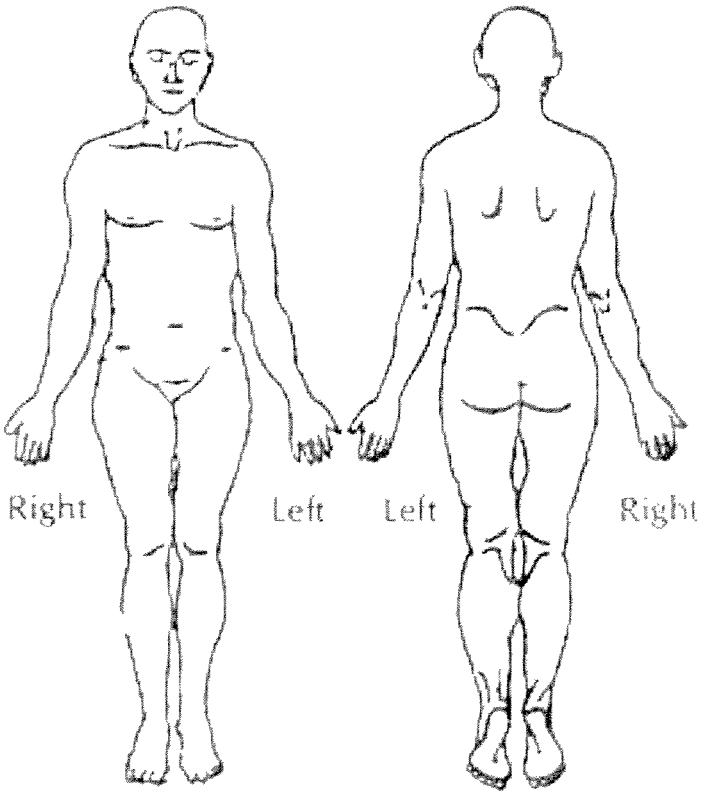
Patient's Name: _____ Date: _____

Dunn Physical Therapy, Inc.

Please mark a **straight line** where you feel your pain has been over the past 24 hours. Use the upper line to describe your pain level right now. Use the other scales to rate your pain at its worst and best over the past 24 hours. **For example : (0 -----|----------10)**

Rate Your Pain	0 No Pain	10 Extremely Intense
1. Right Now	----------	
	0	10
2. At Its Worst	----------	
	0	10
3. At Its Best	----------	
	0	10

Please use the diagram below to indicate where you feel symptoms right now. Use the following key to indicate different types of symptoms.

KEY: Pain XXXXXX No Problems