



Dynamic Recovery Physical Therapy

www.dynamicrecoverypt.com

Pain Rating

Name: _____ Date: _____

Mark the area(s) on your body where you feel the described sensation(s). Use the symbol(s) listed. Please mark all affected areas.

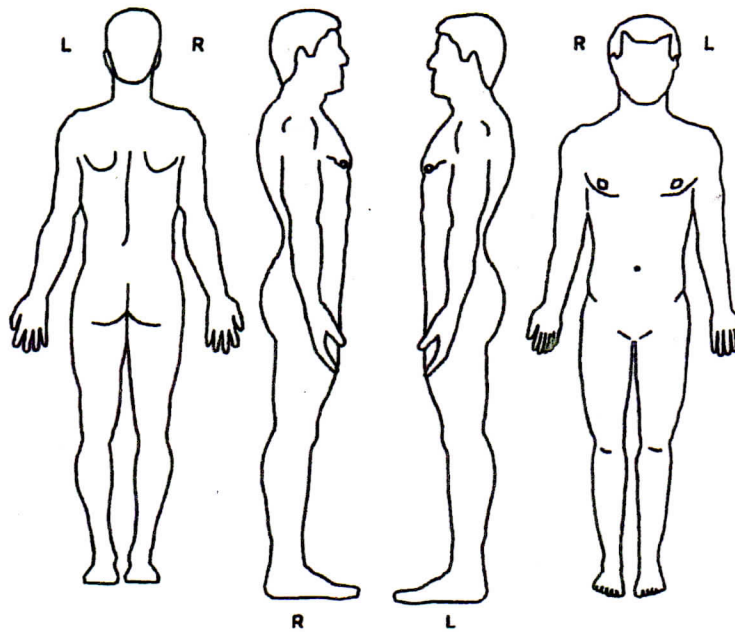
Numbness -----

Burning pain xxxxxxxx

Aching pain (((((((

Pins & Needles oooooo

Stabbing pain //////////////



Visual Analog Scale

Please rate your pain by circling the one number that best describes your pain:

a) Right now:

0 1 2 3 4 5 6 7 8 9 10

(no pain) (as bad as you can imagine)

b) At best:

0 1 2 3 4 5 6 7 8 9 10

c) At worst:

0 1 2 3 4 5 6 7 8 9 10