Initial Pain Scale Rating

Please rate your neck pain on a 1 to 1 past week by circling the correct num		le (0=	no pa	ain, 1	0=the	e wor	st pos	ssible	pain)) base	ed on an average of discomfort over the
	0	1	2	3	4	5	6	7	8	9	10
Please rate your headache pain on a the past week by circling the correct in			le (0=	no pa	ain, 1	0=the	wor	st pos	sible	pain)	based on an average of discomfort over
	0	1	2	3	4	5	6	7	8	9	10
Please rate your mid back pain on a 1 the past week by circling the correct i			e (0=ı	по ра	in, 10	=the	wors	t pos	sible	pain)	based on an average of discomfort over
	0	1	2	3	4	5	6	7	8	9	10
Please rate your lower back pain on a the past week by circling the correct in			ale (0)=no p	oain,	10=th	ne wo	rst po	ossibl	e pair	n) based on an average of discomfort over
	0	1	2	3	4	5	6	7	8	9	10
Please rate your foot pain on a 1 to 1 past week by circling the correct num		e (0=	no pa	in, 10)=the	wors	t pos	sible	pain)	base	d on an average of discomfort over the
	0	1	2	3	4	5	6	7	8	9	10
Please rate your knee pain on a 1 to 1 past week by circling the correct num		le (0=	no p	ain, 1	0=the	e wor	st po	ssible	pain) base	ed on an average of discomfort over the
	0	1	2	3	4	5	6	7	8	9	10
Please rate your hip pain on a 1 to 10 week by circling the correct number.	scale	(0=n	o pai	n, 10=	=the \	worst	poss	ible p	ain) l	oased	on an average of discomfort over the past
	0	1	2	3	4	5	6	7	8	9	10
Please rate your jaw pain on a 1 to 10 week by circling the correct number.) scale	e (0=r	io pai	n, 10	=the	worst	t poss	ible p	oain)	based	I on an average of discomfort over the past
	0	1	2	3	4	5	6	7	8	9	10
Please rate your hand pain on a 1 to 2 past week by circling the correct num		le (0=	=no p	ain, 1	0=the	e wor	st po	ssible	pain) base	ed on an average of discomfort over the
	0	1	2	3	4	5	6	7	8	9	10

Please rate your **shoulder** pain on a 1 to 10 scale (0=no pain, 10=the worst possible pain) based on an average of discomfort over the past week by circling the correct number.

1 2 3 4 5 6 7 8 9 10

Please rate your **elbow** pain on a 1 to 10 scale (0=no pain, 10=the worst possible pain) based on an average of discomfort over the

past week by circling the correct number.

0

 $0 \quad 1 \quad 2 \quad 3 \quad 4 \quad 5 \quad 6 \quad 7 \quad 8 \quad 9 \quad 10$