

Initial Pain Scale Rating

Please rate your **neck** 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 1 2 3 4 5 6 7 8 9 10

Please rate your **headache** 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 1 2 3 4 5 6 7 8 9 10

Please rate your **mid back** 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 1 2 3 4 5 6 7 8 9 10

Please rate your **lower back** 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 1 2 3 4 5 6 7 8 9 10

Please rate your **foot** 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 1 2 3 4 5 6 7 8 9 10

Please rate your **knee** 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 1 2 3 4 5 6 7 8 9 10

Please rate your **hip** 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 1 2 3 4 5 6 7 8 9 10

Please rate your **jaw** 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 1 2 3 4 5 6 7 8 9 10

Please rate your **hand** 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 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 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.

0 1 2 3 4 5 6 7 8 9 10