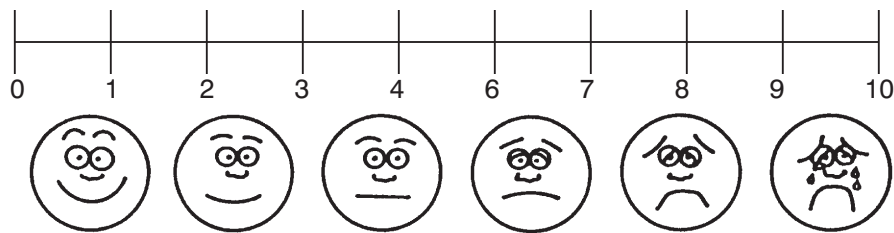
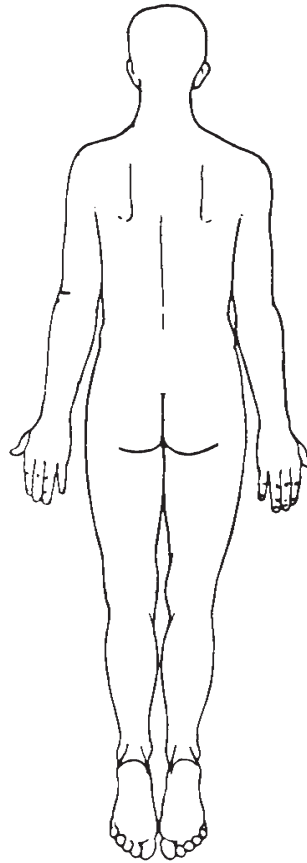
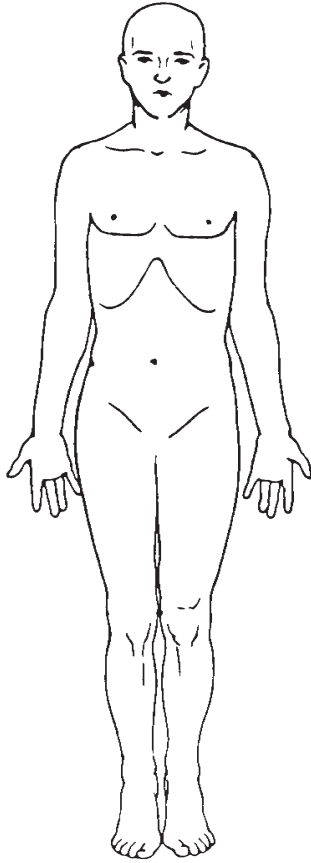


NAME: \_\_\_\_\_

Where is your pain?

Please mark on the drawings below the areas where you feel your pain.



Please turn over

PATIENT IDENTIFICATION



**REHAB SERVICES  
OUTPATIENT PAIN ASSESSMENT**

There are many words that describe the pain. Some of these are grouped below. Check (✓) any words that describe the pain you have these days.

1.	Flickering Quivering Pulsing Throbbing Beating Pounding	2.	Jumping Flashing Shooting	3.	Pricking Boring Drilling Stabbing	4.	Sharp Cutting Lacerating
5.	Pinching Pressing Gnawing Cramping Crushing	6.	Tugging Pulling Wrenching	7.	Hot Burning Scalding Searing	8.	Tingling Itchy Smarting Stinging
9.	Dull Sore Hurting Aching Heavy	10.	Tender Taut Rasping Splitting	11.	Tiring Exhausting	12.	Sickening Suffocating
13.	Fearful Frightful Terrifying	14.	Punishing Gruelling Cruel Vicious Killing	15.	Wretched Blinding	16.	Annoying Troublesome Miserable Intense Unbearable
17.	Spreading Radiating Penetrating Piercing	18.	Tight Numb Drawing Squeezing Tearing	19.	Cool Cold Freezing	20.	Nagging Nauseating Agonizing Dreadful Torturing

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

**REHAB SERVICES  
OUTPATIENT PAIN ASSESSMENT**

PATIENT IDENTIFICATION