

Patient Name: _____

Date: _____

Number of treatments for this condition, at this clinic, to date: _____

Area of Pain (e.g. low back, neck): _____

Pain Rating Index (PRI):

The words below describe **average** pain.

Place a check mark (✓) in the column that represents the degree to which you feel that type of pain.

Please limit yourself to a description of the pain of your **main complaint only**:

	None	Mild	Moderate	Severe
Throbbing				
Shooting				
Stabbing				
Sharp				
Cramping				
Gnawing				
Hot-Burning				
Aching				
Heavy				
Tender				
Splitting				
Tiring-Exhausting				
Sickening				
Fearful				
Punishing-Cruel				

Present Pain Intensity: Numerical Pain Rating Scale (NRS).

Tick on scale below for the pain of your **main complaint only**:

At its worst:

No Pain	1	2	3	4	5	6	7	8	9	10	Excruciating Pain
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At its easiest:

No Pain	1	2	3	4	5	6	7	8	9	10	Excruciating Pain
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Please turn the page over and complete