

Pain Assessment Picture

Name:.....

Social security No.:

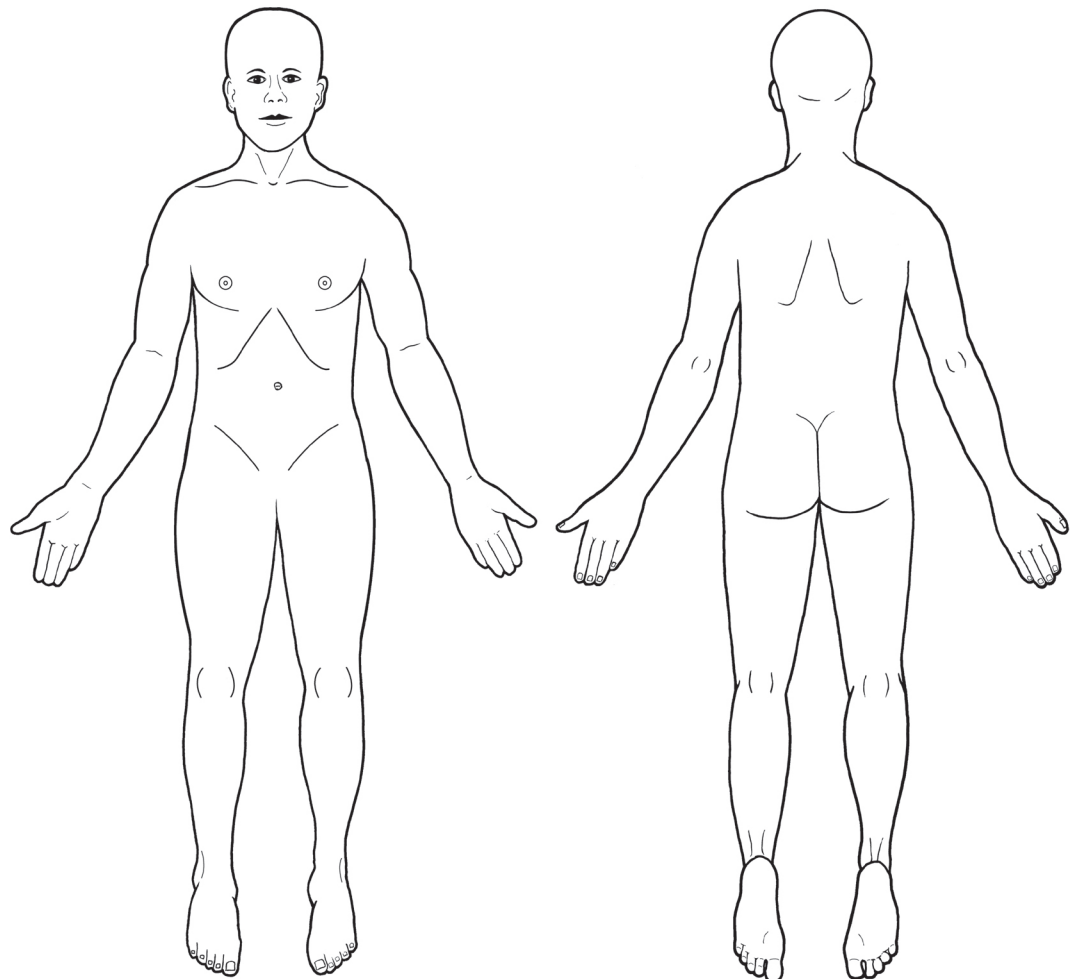
Date.....

Pain assessment with the numeric rating scale (NRS)

Mark the area on your body where you feel pain and how it feels.
Please use the symbols to the left of the picture.

Pain

| | |
|----------------|-------|
| Dull pain | M M M |
| Stabbing/sharp | / / / |
| Throbbing | B B B |
| Other | A A A |
| Burning | X X X |
| Stinging | S S S |
| Oppressive | T T T |
| Numbness | = = = |
| Cramp-like | K K K |
| Jolting | i i i |



Please put a cross on the number that best indicates **your** level of pain
(0 = no pain, 10 = worst pain imaginable).

When resting:

When moving:

