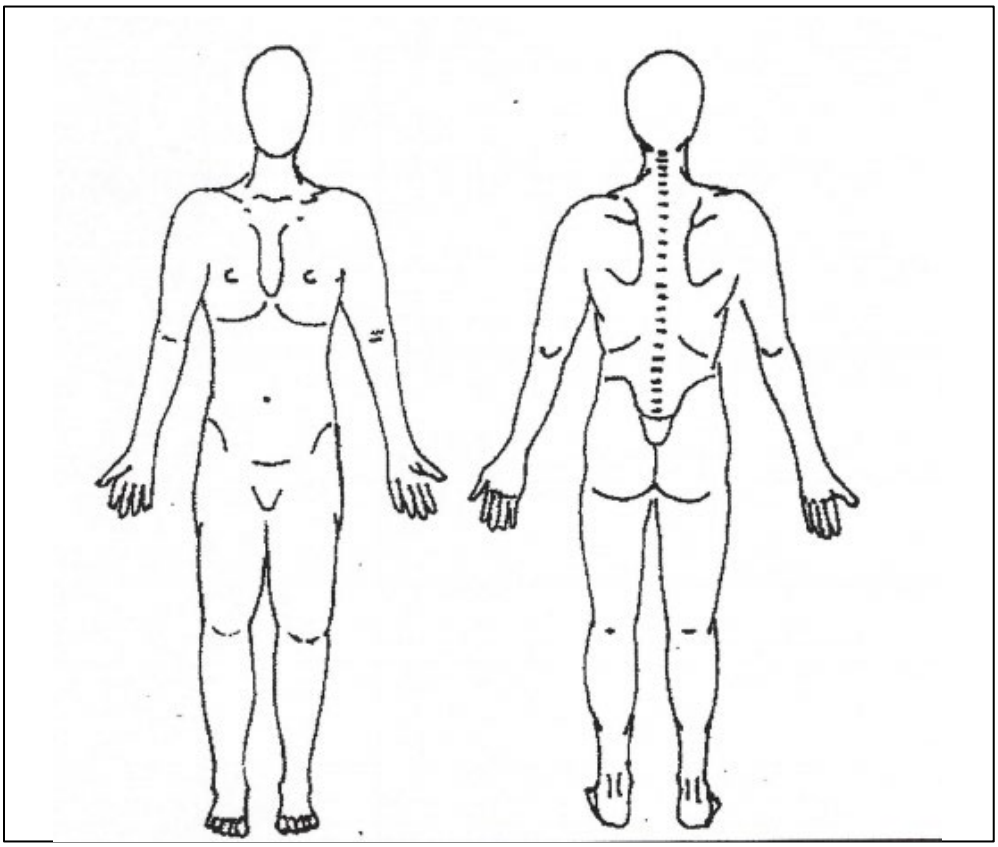
C.O.R.E.
PHYSICAL THERAPY
2440 M Street NW, Suite 316
Washington, DC 20037

PAIN DIAGRAM & PAIN RATING

Name:_____ Date: _____/_____/_____

Please use the diagram below to indicate the symptoms you have experienced over the past 24 hours. Use the key to indicate the type of symptoms.

Key: Pins and Needles = 00000 Stabbing = / / / / /
Deep Ache = zzzzz Burning = xxxxx



Please rate your current level of pain on the following scale (check one):

0 1 2 3 4 5 6 7 8 9 10
(no pain) (worst imaginable pain)

Please rate your worst level of pain in the last 24 hours on the following scale (check one):
0 1 2 3 4 5 6 7 8 9 10
(no pain) (worst imaginable pain)

Please rate your best level of pain in the last 24 hours on the following scale (check one) :
0 1 2 3 4 5 6 7 8 9 10
(no pain) (worst imaginable pain)