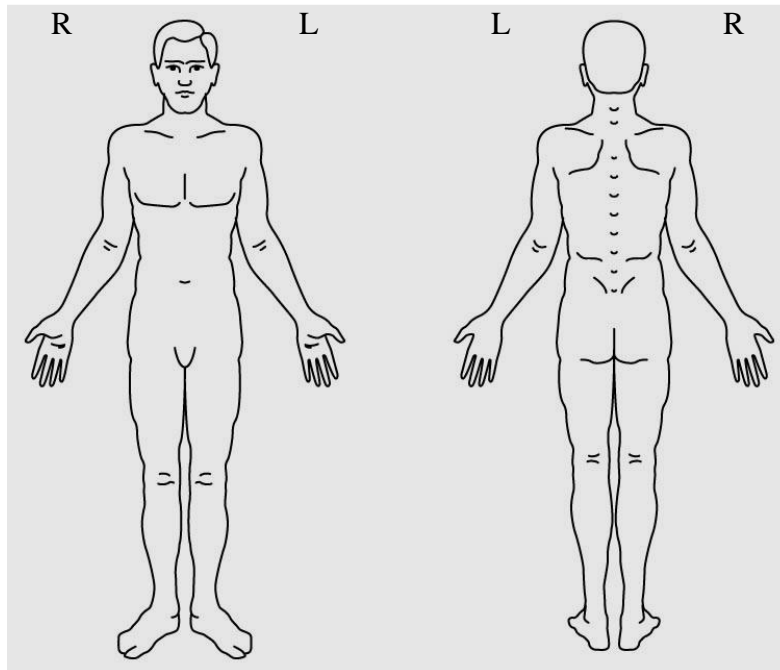


McCABE & BRADY PHYSICAL THERAPY

Pain Questionnaire

Patient Name: _____

On the diagram, shade the areas where you feel pain. Put an X on the area that hurts the most.



Please rate your pain by circling the one number that best describes your pain on AVERAGE.

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain as bad as you can imagine

Please rate your pain by circling the one number that best describes how much pain you have RIGHT NOW.

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain as bad as you can imagine

Patient Signature: _____

Date: _____