

# Warbritton & Associates Impairment Rating Specialists

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## PAIN ASSESSMENT

Throughout our lives, most of us have had pain from time to time (such as minor headaches, pains and toothaches). Have you had pain other than these everyday kinds of pain? Yes \_\_\_ No \_\_\_

On the diagram on the right, shade in 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 at its **WORST**.

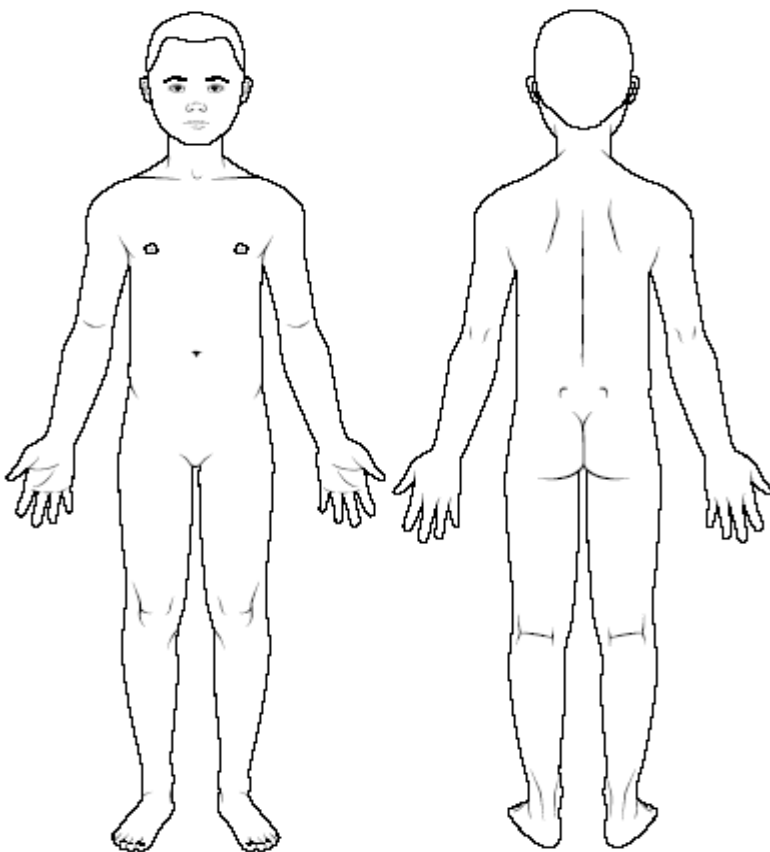
0 1 2 3 4 5 6 7 8 9 10  
No Pain Pain as bad as you can imagine

Please rate your pain by circling the one number that best describes your pain at its **LEAST**.

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 your pain at its **AVERAGE**.

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



1. How often do you have pain? Rarely \_\_\_ Frequently \_\_\_ Often \_\_\_ Always \_\_\_

2. What time of day is your pain the worst? Morning \_\_\_ Afternoon \_\_\_ Nighttime \_\_\_

3. What gets your pain started?

4. What relieves the pain?

5. What increases the pain?

Please circle as many as you need to explain the kind of pain you are having:

Dull ache   itching   nagging   sharp   stabbing   stinging   burning   pricking   crushing  
cutting   pinching   tingling   pulsing   shooting   pressing   cramping   gnawing