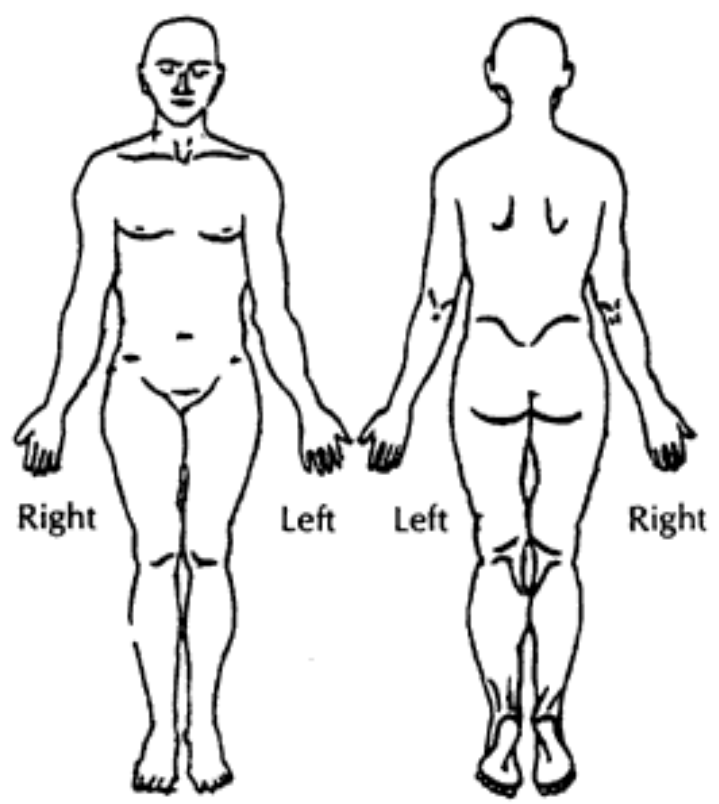


FIT-N-WISE

A Wise Health System Service



PATIENT NAME: _____ BIRTH DATE: _____

/// Stabbing **XXX** Burning **OOO** Pins and Needles **===** Numbness

Rate your pain on the following scale:

0	1	2	3	4	5	6	7	8	9	10
No pain	Little pain	Moderate pain	Bad pain				Unbearable pain			

Circle which best describes your pain:

Constant	Increase	Night Pain	Pain Upon Walking	Dull/Achy
Intermittent	Decreasing	Stiffness	Occasional	Sharp Pain

Patient or Guardian Signature: _____ Date: _____