



PLEASE MARK A "N" ANYWHERE YOU ARE EXPERIENCING NUMBNESS  
"P" PAIN  
"W" WEAKNESS

Has your problem worsened recently?  No  Yes

How recently? \_\_\_\_\_

What worsens your problem? \_\_\_\_\_

What improves your problem? \_\_\_\_\_

What started the problem? \_\_\_\_\_

Any trauma? \_\_\_\_\_

On a scale from 1 -10 where 1 equals no pain and 10 equals severe pain:

What is your pain at its worse? \_\_\_\_\_

What is your pain at its best? \_\_\_\_\_

What is your pain most commonly? \_\_\_\_\_

What is your pain right now? \_\_\_\_\_