

Pain Assessment

1. Please rate the intensity of your joint pain/discomfort when at rest: (0=no pain, 10=Severe pain)

0 1 2 3 4 5 6 7 8 9 10

2. Please rate the intensity of your joint pain/discomfort with activity or weight bearing:

(0=no pain, 10=Severe pain)

0 1 2 3 4 5 6 7 8 9 10