



# Pain-Tenderness Assessment

6. Please indicate below the amount of pain and/or tenderness you are having today in each of the joint areas listed below.

Mark the amount by circling the correct number. The choices are:

0 = no pain/tenderness.

1 = mild pain/tenderness

2 = moderate pain/tenderness

3 = severe pain/tenderness

\*For those areas marked by a \*, think of the one joint in the group that bothers you the most today and give a score for that joint.

Be sure to mark both right side and left side separately.

Blank/25

Joints	Right Side				Left Side				
	None	Mild	Moderate	Severe	None	Mild	Moderate	Severe	
Shoulders	0	1	2	3	0	1	2	3	_____/26-27
Elbows	0	1	2	3	0	1	2	3	_____/28-29
Wrists	0	1	2	3	0	1	2	3	_____/30-31
Hand Knuckles*	0	1	2	3	0	1	2	3	_____/32-33
Finger Knuckles*	0	1	2	3	0	1	2	3	_____/34-35
									Blank/36
Hips	0	1	2	3	0	1	2	3	_____/37-38
Knees	0	1	2	3	0	1	2	3	_____/39-40
Ankles	0	1	2	3	0	1	2	3	_____/41-42
Ball of Foot*	0	1	2	3	0	1	2	3	_____/43-44
Toe Knuckles*	0	1	2	3	0	1	2	3	_____/45-46