PAIN CHART

AREAS OF PAIN OR UNUSUAL FEELING

- Mark the areas on this body where you feel the described sensations.
- Use the appropriate symbols.
- Mark areas of radiation.
- Include all affected areas.

Numbness  Pins & Needles  Burning  Aching  Stabbing
- - - - -  0 0 0 0  X X X X  * * * *  / / / /

Please mark on the pain scale from zero (0) to ten (10) the pain you feel with this condition. Ten (10) being the worst pain you have felt with this condition.

Neck - Shoulder - Arm Pain
On a scale of 1 to 10, I rate my discomfort as follows:

(0)                                               (10)
no pain                    Severe Pain

Mid Back Pain
On a scale of 1 to 10, I rate my discomfort as follows:

(0)                                               (10)
no pain                    Severe Pain

Low Back - Leg Pain
On a scale of 1 to 10, I rate my discomfort as follows:

(0)                                               (10)
no pain                    Severe Pain

Date:___________________________  Signature:_________________________