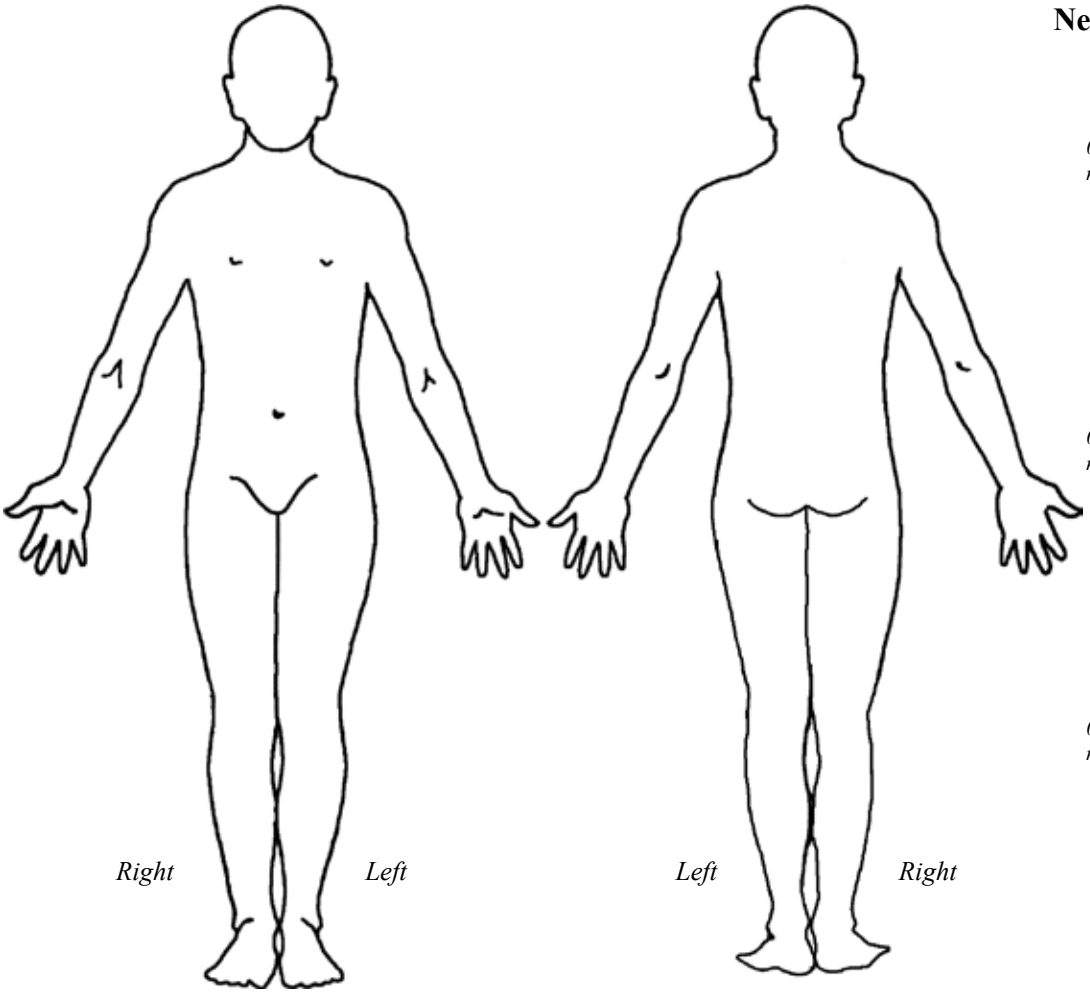
PAIN CHART

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 0	X 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:_____

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