

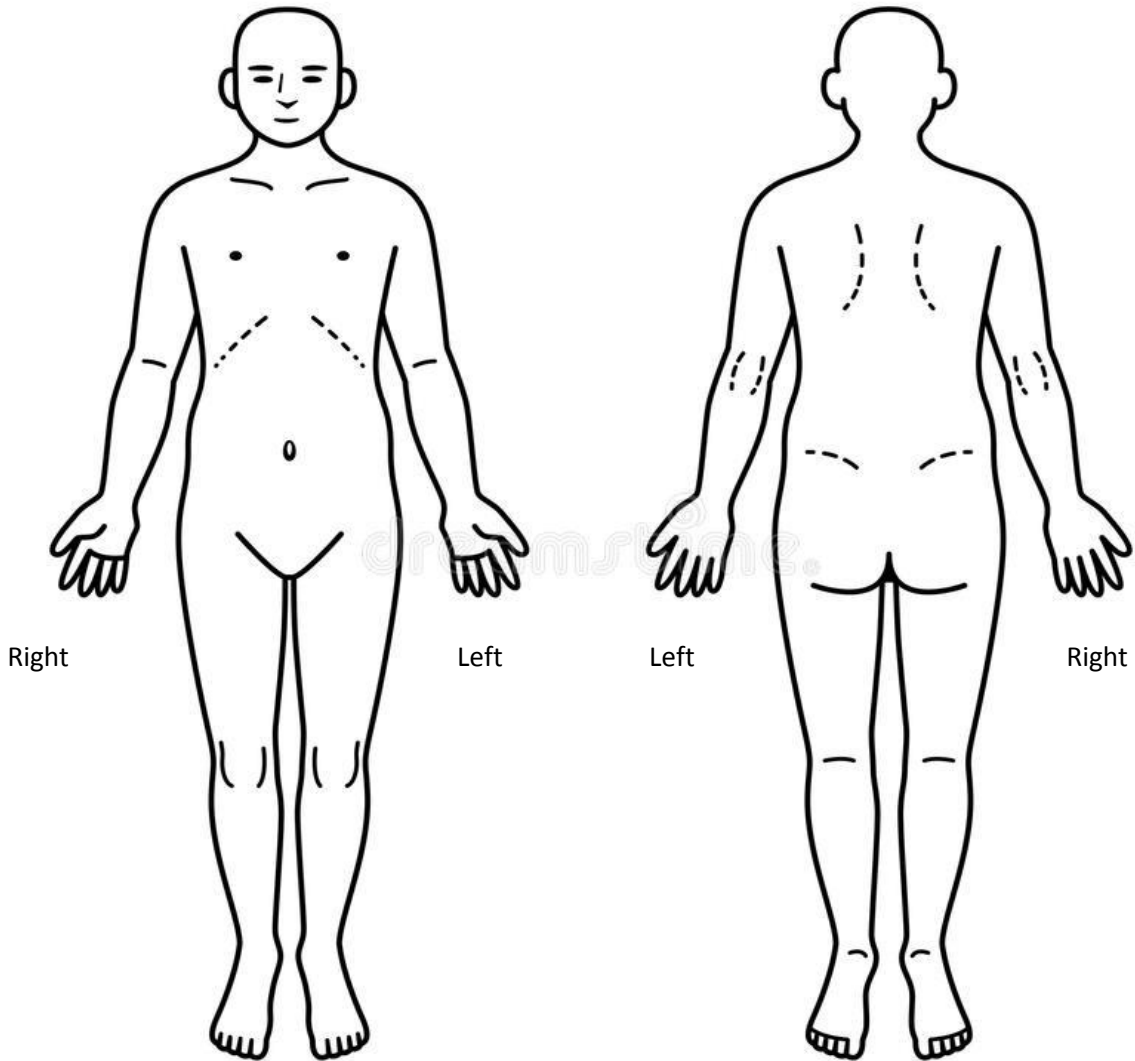
Name:

Date:

PAIN CHART

Using the symbols below, indicate on the body diagram the areas where you experience that particular sensation.

- | | | | | | |
|-----------------|-------|----------------------------|-------|------------------|-------|
| <u>Numbness</u> | ///// | <u>Pins & Needles</u> | +++++ | <u>Burning</u> | OOOOO |
| <u>Aching</u> | XXXXX | <u>Sharp/Stabbing pain</u> | ***** | <u>Stiffness</u> | >>>>> |



Please Circle your level of pain, from 1 (minimal pain) to 10 (worst pain imaginable)

PAIN CURRENTLY:	1	2	3	4	5	6	7	8	9	10
PAIN AT ITS WORST:	1	2	3	4	5	6	7	8	9	10
PAIN TYPICALLY:	1	2	3	4	5	6	7	8	9	10