



Date: ____ / ____ / ____

File #: _____

Pain Chart

Personal Information

Name: _____ Current Weight: _____ Lbs. Current Height: _____ Ft. ____ In.

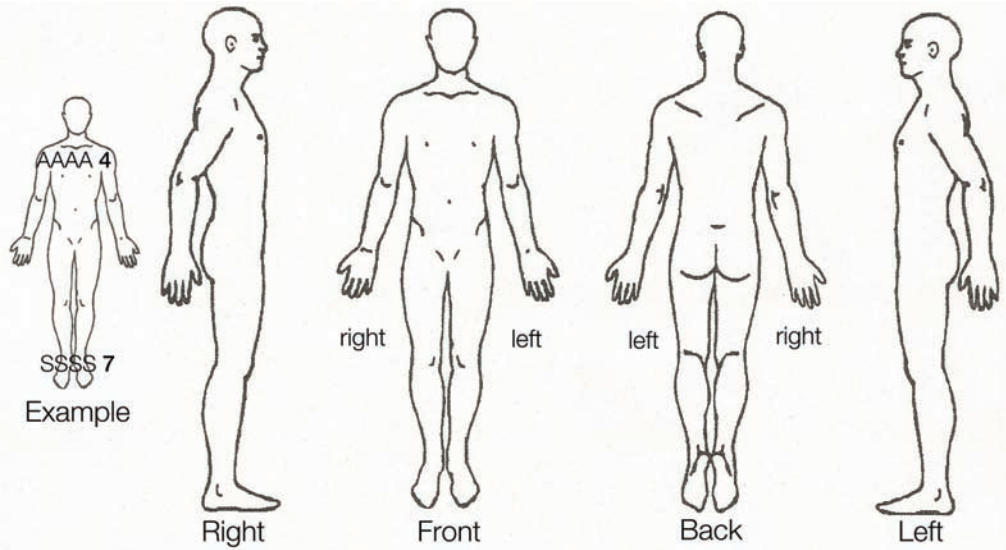
Please describe your condition: _____

Show Us Where It Hurts

Please mark area(s) of injury or discomfort as shown in the example below. Mark all areas with the appropriate symbols and indicate the degree of pain using a scale from 1 (discomfort) to 10 (extreme pain).

Description	Numbness	Pins & Needles	Burning	Aching	Stabbing
SYMBOL	NNNN	PPPP	BBBB	AAAA	SSSS

Circle any area of pain not represented by a symbol.



Rate your pain by circling the one number that best describes your pain at it's WORST in the past 24 hours.

1	2	3	4	5	6	7	8	9	10
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Discomfort Extreme Pain

Rate your pain by circling the one number that best describes your pain at it's LEAST in the past 24 hours.

1	2	3	4	5	6	7	8	9	10
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Discomfort Extreme Pain

Rate your pain by circling the one number that best describes your pain on AVERAGE for the past week.

1	2	3	4	5	6	7	8	9	10
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Discomfort Extreme Pain

Rate your pain by circling the one number that best describes your pain today.

1	2	3	4	5	6	7	8	9	10
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Discomfort Extreme Pain