

Name: _____

Date: _____

PAIN DIAGRAM

Are you currently experiencing PAIN, STIFFNESS, NUMBNESS, PINS & NEEDLES, or ACHING?

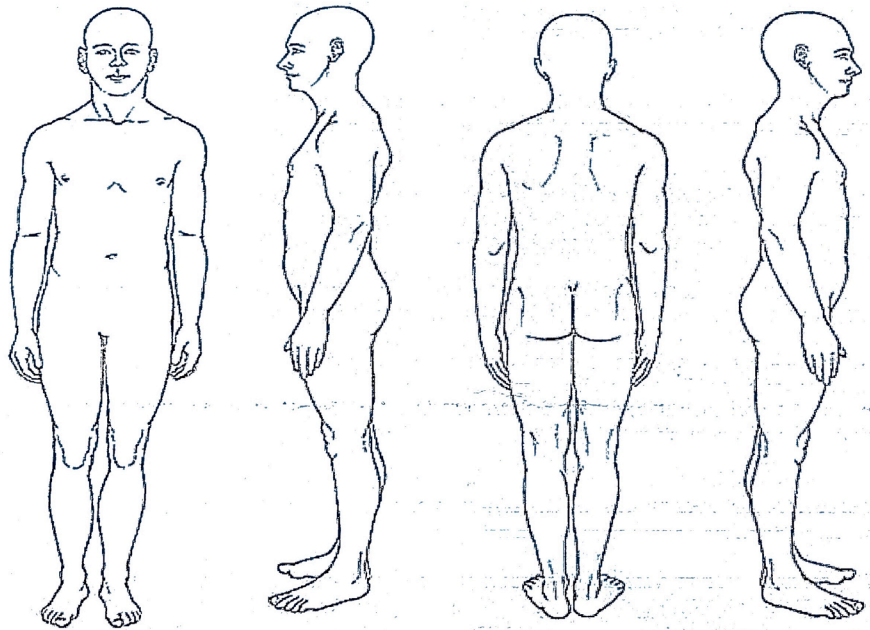
NO YES

- Right handed
- Left handed

Mark these drawings according to where you hurt (if the right side of your neck hurts, mark the drawing on the right side of the neck etc.). Please indicate which sensations you feel by referring to the key below.

KEY

////	Stabbing
XXX	Burning
000	Pins & Needles
+++	Aching
===	Numbness



CIRCLE YOUR CURENT PAIN LEVEL

0 1 2 3 4 5 6 7 8 9 10

Pain Level

- 0 No pain
- 1 Mild pain; you're aware of, but doesn't bother you
- 2 Moderate pain that you can tolerate without medication
- 3 Moderate pain that requires medication to tolerate
- 4-5 More severe pain
- 6 Severe pain
- 7-9 Intensely severe pain
- 10 Most severe pain imaginable