

Using the key below, indicate on the body diagram where you are experiencing the following symptoms:

N=Numbness

B=Burning

S=Sharp

T=Tingling

A=Dull Ache

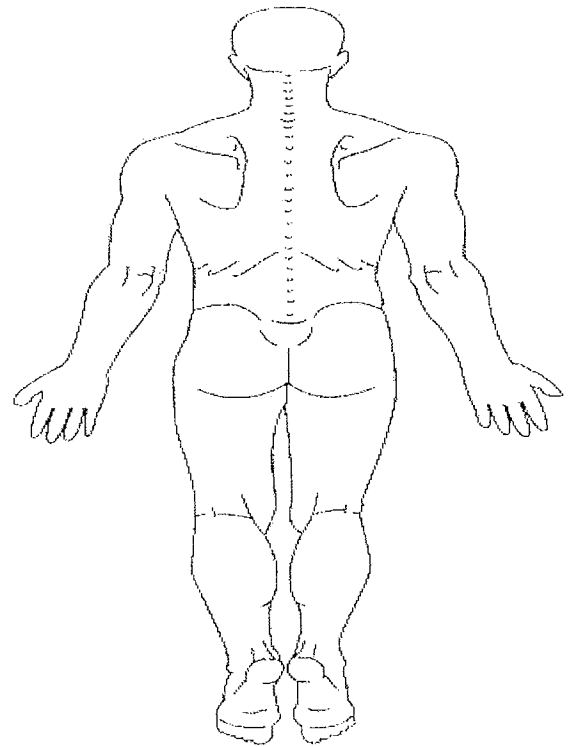
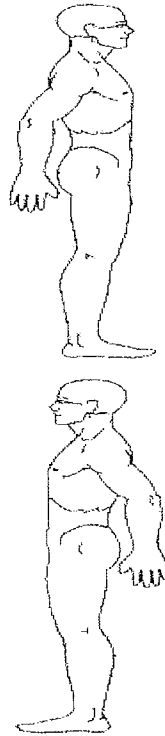
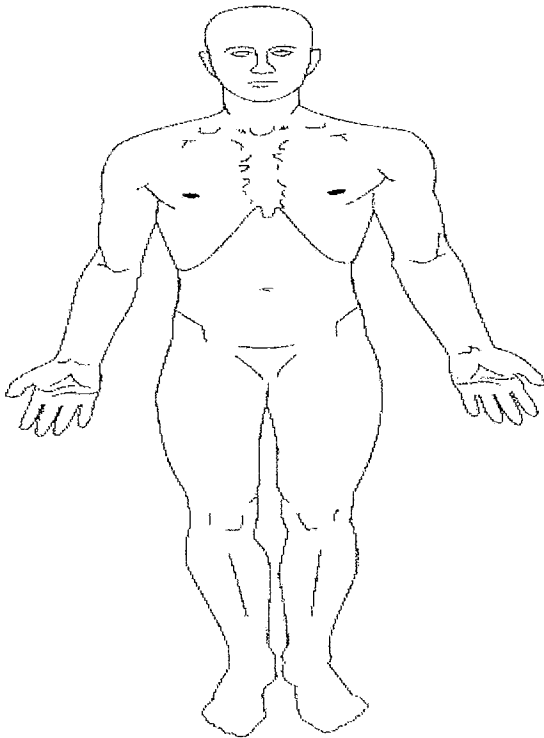
Left

Right

Right

Left

Right



Left

Average Pain Intensity:

Last 24 hours: no pain 0 1 2 3 4 5 6 7 8 9 10 worst pain
 Past week: no pain 0 1 2 3 4 5 6 7 8 9 10 worst pain

When did your symptoms begin? _____

What improves your symptoms? _____

Are your symptoms a result of: Motor Vehicle Accident Work related Accident Other _____

How did your symptoms begin? _____

How often do you experience your symptoms?

Constantly
(76-100% of the day)

Frequently
(51-75% of the day)

Occasionally
(26-50% of the day)

Intermittently
(0-25% of the day)

What describes the nature of your symptoms?

Sharp
Burning

Ache
Tingling

Numb
Throbbing

Shooting
Other _____

Patient Name _____ Date _____