PAIN DIAGRAM AND PAIN RATING

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| **Patient Name** |  | **Date** |  |
| ***Please use the diagram to indicate the symptoms you have experienced with your condition. Use the key to indicate the type of symptoms.***KEY: |
| Pins/Needles | 0000000 | Stabbing | //////// |
| Burning | xxxxxxxx | Deep ache/throbbing | zzzzzzzz |
|  http://warrenderpt.com/resources/_wsb_308x215_Body+Chart.jpg |
| ***Please rate your current level of pain on the following scale: (circle)***  |
|   0 1 2 3 4 5 6 7 8 9 10 (no pain) (worst pain) |