PAIN DIAGRAM AND PAIN RATING

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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) | | | | | | |