

Pain Chart

Name: _____ Date: _____

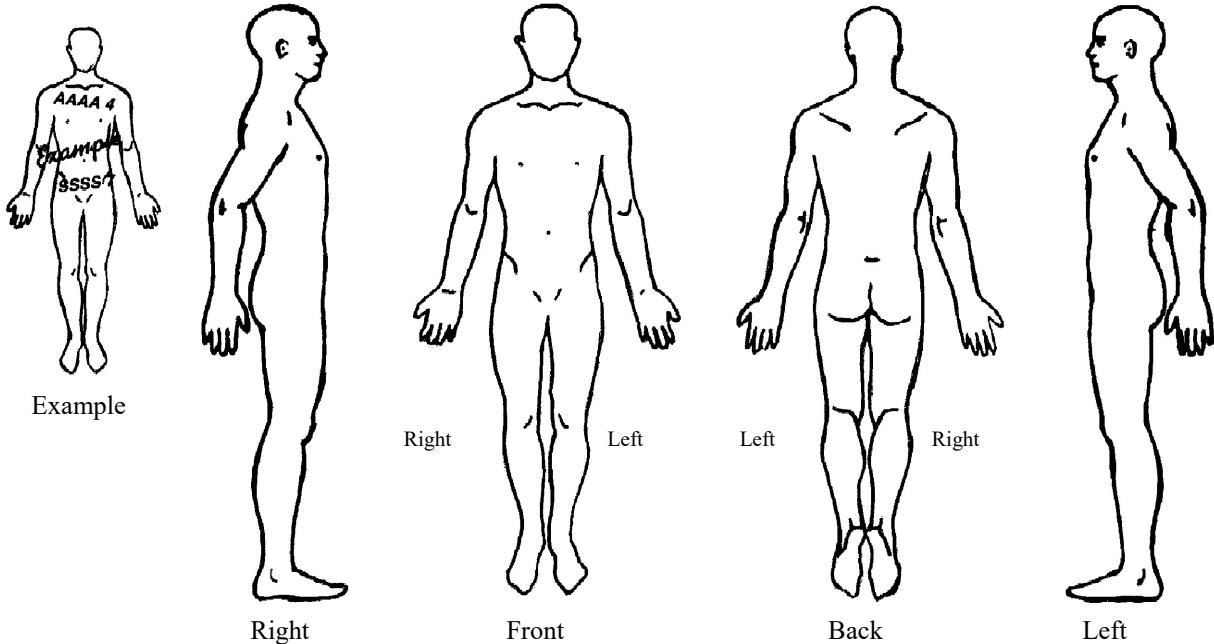
Weight _____ Lbs. Height _____ Ft. _____ In.

Please describe your condition: _____

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 of 1 (discomfort) to 10 (extreme pain).

Descrip-	Numbness	Pins & Needles	Burning	Aching	Stabbing
Symbol:	N	P	B	A	S

○ Circle any area of pain not represented by a symbol.



Comments: _____

Signature _____