

SHOW AREA(S) OF PAIN OR UNUSUAL FEELING

Mark the areas on this body where you feel the described sensations.  
 Use the appropriate symbols.  
 Mark areas of radiation.  
 Include all affected areas.

Numbness	Pins & Needles	Burning	Aching	Stabbing
-----	00000	XXXXXX	*****	/////
-----	00000	XXXXXX	*****	/////
-----	00000	XXXXXX	*****	/////

Please mark on the pain scale from Zero to 10 the pain you feel with this condition. 10 being the worst pain you have felt with this condition.

Pain Chart

The Pain Chart consists of two human silhouettes, one facing forward (left) and one facing backward (right). The front view is labeled 'right' on the left side and 'left' on the right side. The back view is labeled 'left' on the left side and 'right' on the right side. There are three pain scales to the right of the silhouettes:

- Neck-Shoulder-Arm Pain:** On a scale of zero to 10, I rate my discomfort as follows: ( )  
0 no pain 10 severe pain
- Mid Back Pain:** On a scale of zero to 10, I rate my discomfort as follows: ( )  
0 no pain 10 severe pain
- Low Back and Leg Pain:** On a scale of zero to 10, I rate my discomfort as follows: ( )  
0 no pain 10 severe pain

Date: \_\_\_\_\_

Signature \_\_\_\_\_