

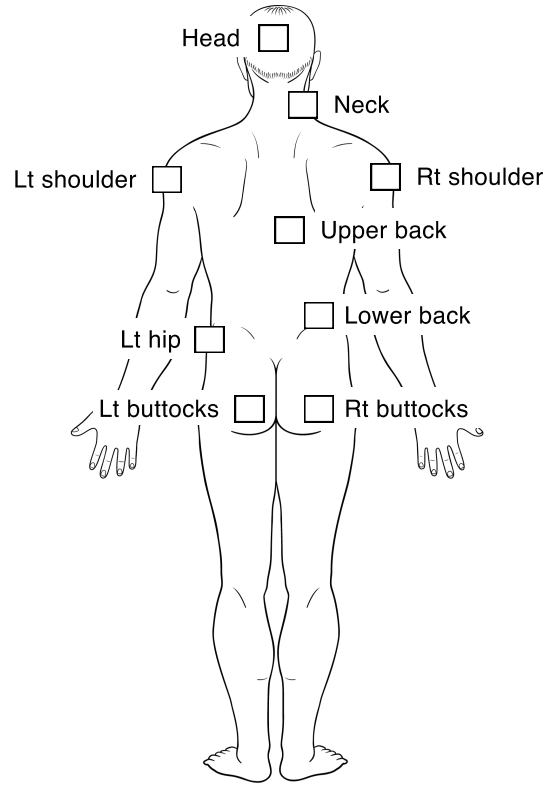
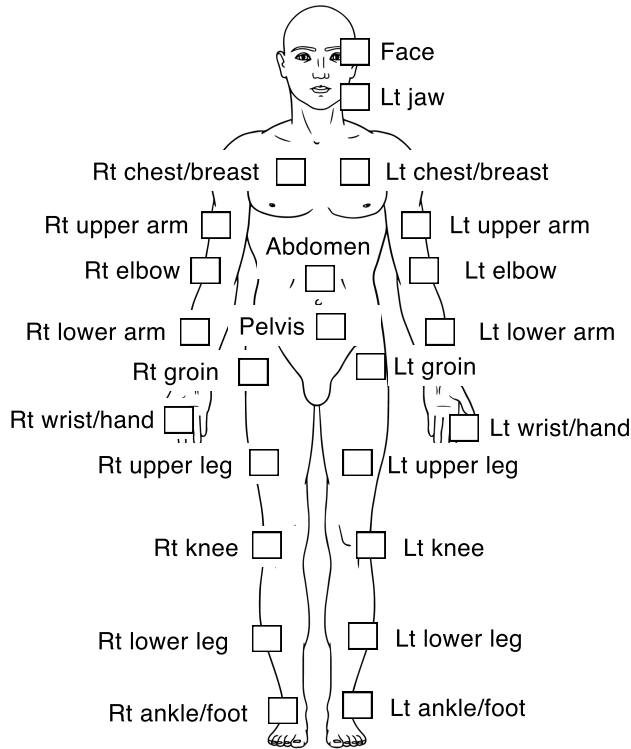
# Body Pain Chart

Name: \_\_\_\_\_

**Instruction:** Mark areas of pain on the chart, simply place a checkmark in each location where you feel discomfort.

Rt = Right

Lt = Left



## Key for Describing Pain Sensations:

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Ache     | <input type="checkbox"/> Pins & Needles |
| <input type="checkbox"/> Burning  | <input type="checkbox"/> Stabbing       |
| <input type="checkbox"/> Cramping | <input type="checkbox"/> Throbbing      |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Other: _____   |

## Pain Scale

- 0: No pain
- 1-3: Mild
- 4-6: Moderate
- 7-9: Severe
- 10: Worst imaginable

## Notes