

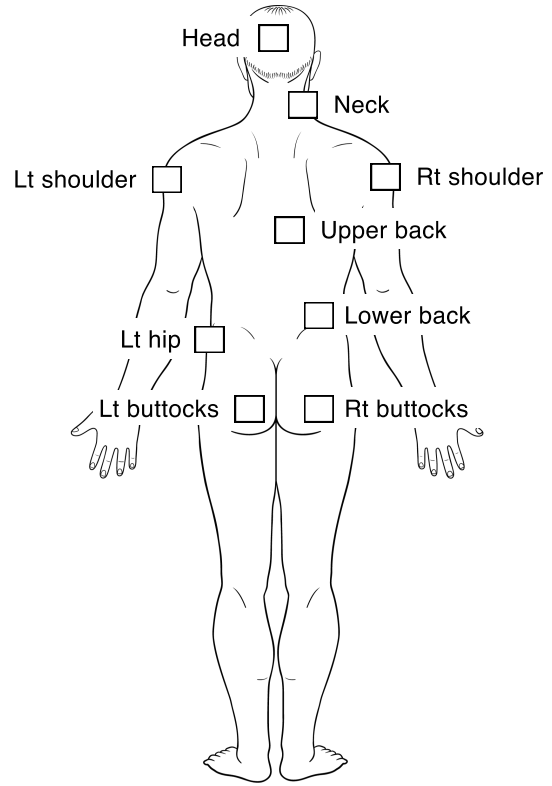
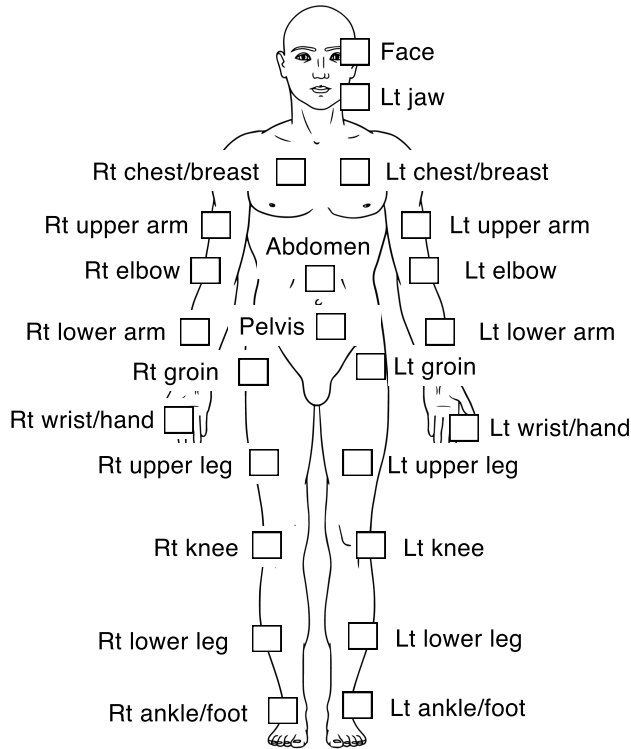
Body Pain Chart

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