

PAIN CHART

Name: _____

File # _____

What is your current weight _____ lbs

Height _____ ft. _____ in.

Please describe your condition: _____

Show Us Where It Hurts

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 the scale from 1 (discomfort) to 10 (extreme pain):

| | | | | | |
|--------------|----------|----------------|---------|--------|----------|
| DESCRIPTION: | Numbness | Pins & Needles | Burning | Aching | Stabbing |
| SYMBOL: | N | P | B | A | S |

INTENSITY: 0 1 2 3 4 5 6 7 8 9 10

Circle any area of pain not represented by a symbol.

