

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

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

## Pain Chart

Using the symbols below, mark on the body the areas where you feel that particular sensation.

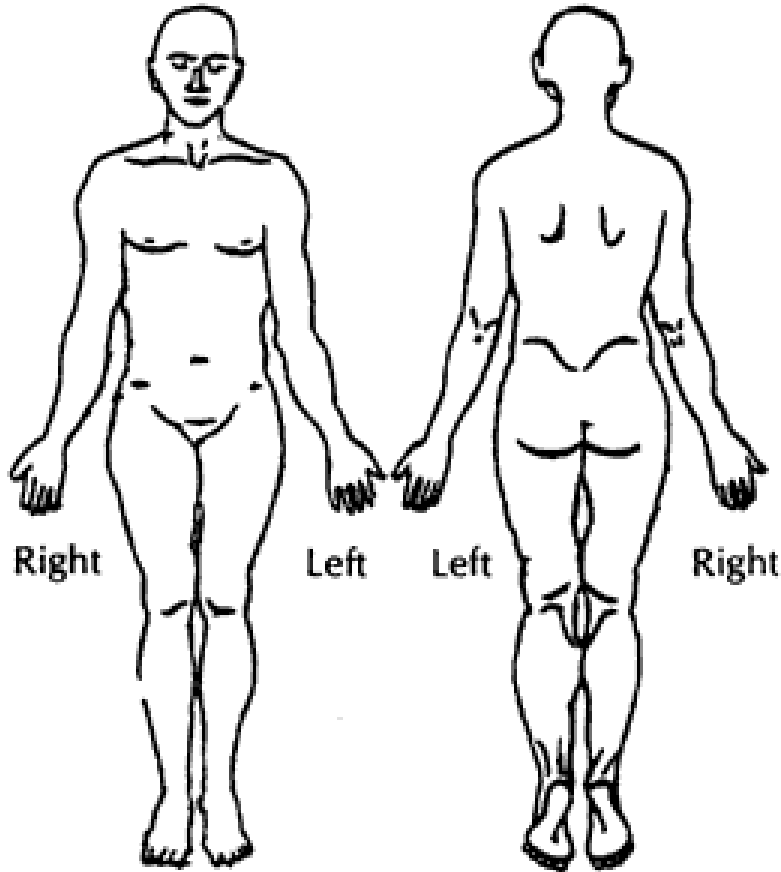
Numbness  
/////

Pins & Needles  
+++++

Burning  
00000

Aching  
XXXXX

Sharp/Stabbing  
\*\*\*\*\*



**PLEASE CIRCLE YOUR LEVEL OF PAIN:**

(1 = Minimal Pain; 10= Worst Pain Imaginable)

**PAIN CURRENTLY**

1 2 3 4 5 6 7 8 9 10

**PAIN AT ITS WORST**

1 2 3 4 5 6 7 8 9 10

**PAIN TYPICALLY**

1 2 3 4 5 6 7 8 9 10