

Name (Print): _____ Date: _____

Draw the location of your discomfort on the images below. Use the symbols to represent quality of discomfort.

X = Tightness

D = Dull Pain

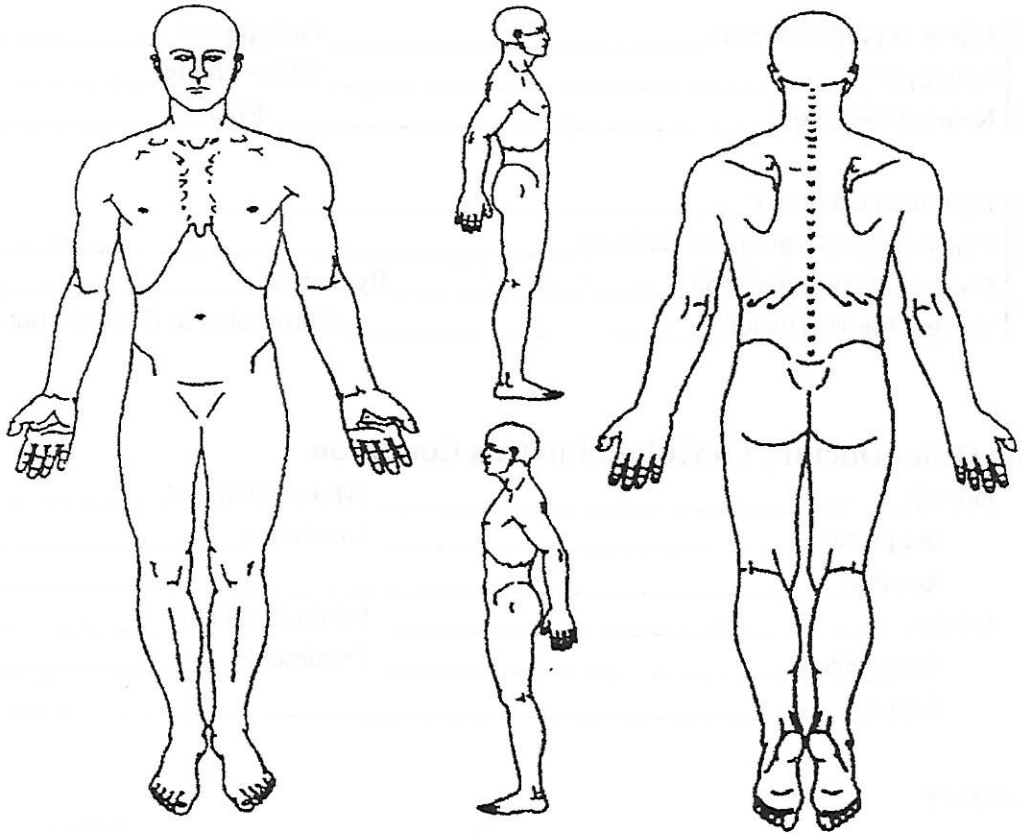
B = Burning

N = Numb

S = Stabbing

T = Tingling

C = Cramping



List Present Complaints, Duration and Rate your pain (0-10; 0=no pain, 10=Worst Pain)

1. _____ Duration: _____

•Pain Rating: |--0----1----2----3----4----5----6----7----8----9----10--|

2. _____ Duration: _____

•Pain Rating: |--0----1----2----3----4----5----6----7----8----9----10--|

3. _____ Duration: _____

•Pain Rating: |--0----1----2----3----4----5----6----7----8----9----10--|