

Body Pain Indicator Chart

Date: _____

Patient's Name: _____

Aching
~~~~~

numbness  
=====

pin and needles  
OOOOO

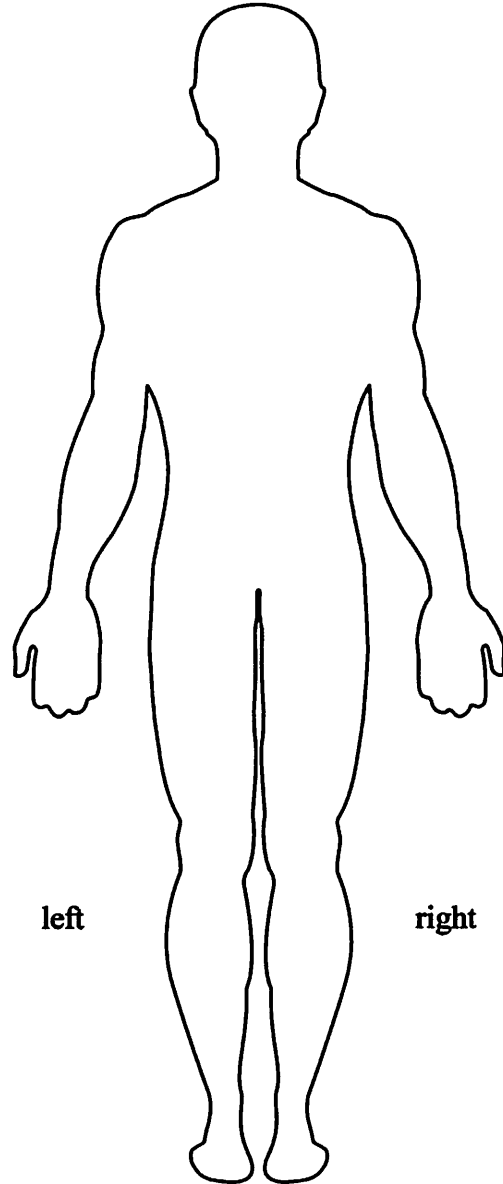
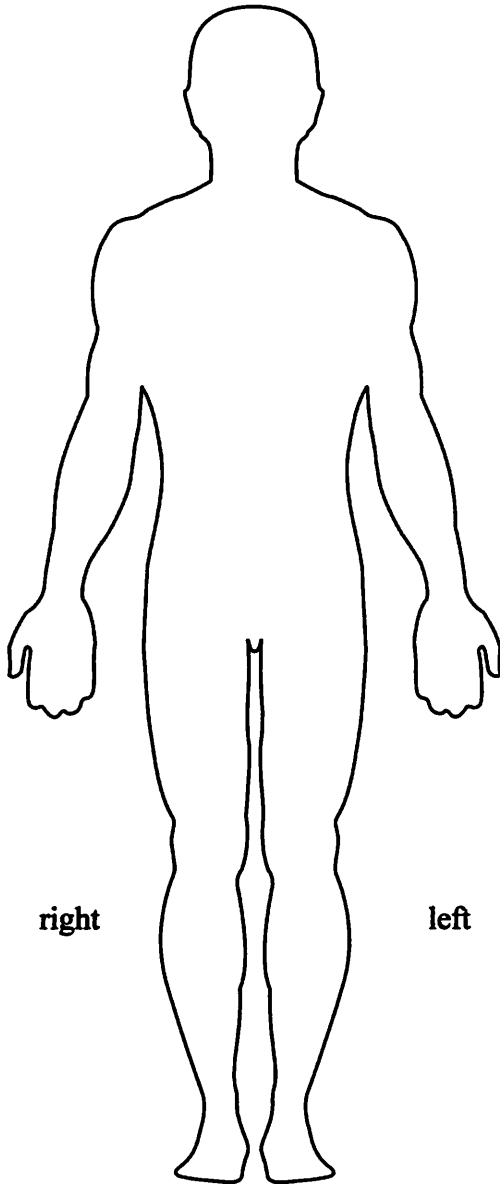
burning  
XXXX

stabbing  
/////

Use a pencil or pen to indicate the body areas where you are experiencing pain or discomfort.

Front

Back



**Please rate your pain on the following scale**

(no pain)

(worst imaginable)

(circle one) 0 1 2 3 4 5 6 7 8 9 10 currently

(circle one) 0 1 2 3 4 5 6 7 8 9 10 worst in past 24 hours

(circle one) 0 1 2 3 4 5 6 7 8 9 10 best in past 24 hours