

Pain Diagram

NAME _____

TODAY'S DATE 3

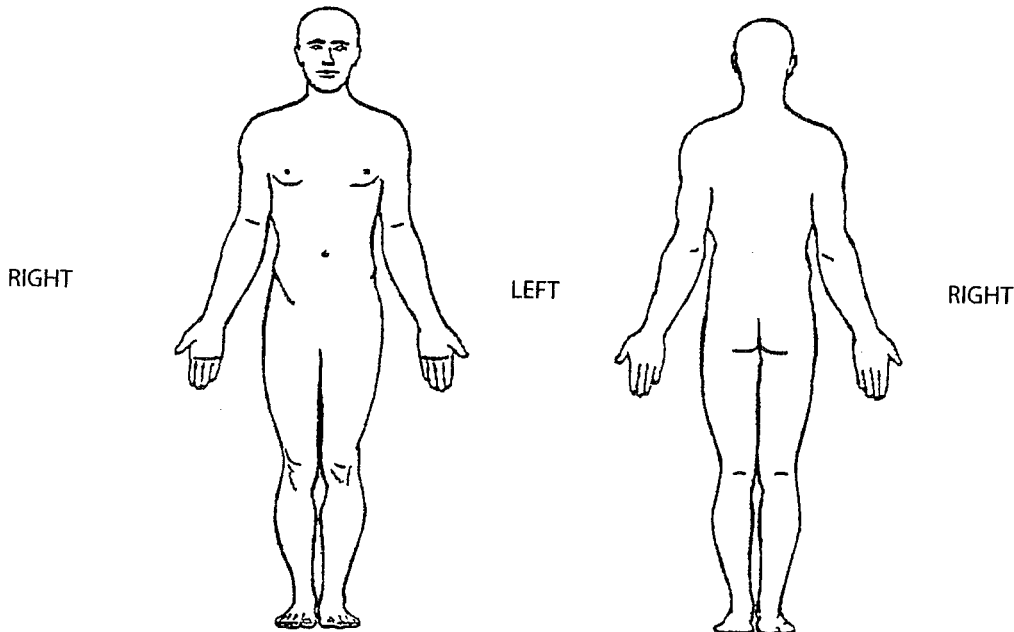
DOB: _____

INSTRUCTIONS

Mark these drawings according to where you are hurt or feel pain. For example, if the right side of your neck hurts, mark the drawing on the right side of the neck. Please indicate which sensations you feel by referring to the key below.

KEY

///// STABBING	XXXX BURNING	0000 PINS & NEEDLES	==== NUMBNESS	++++ ACHING
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PAIN LEVEL: 0 1 2 3 4 5 6 7 8 9 10
 (Check the worst & best it's been and select your current pain level)

0	No Pain
1	Mild Pain; you are aware of it, but it doesn't bother you
2	Moderate pain that you can tolerate without medication
3	Moderate pain that requires medication to tolerate
4-5	More severe pain; you begin to feel antisocial
6	Severe pain
7-9	Intensely severe pain
10	Most severe pain; Emergency Room Care