

Pain Diagram

Name: _____

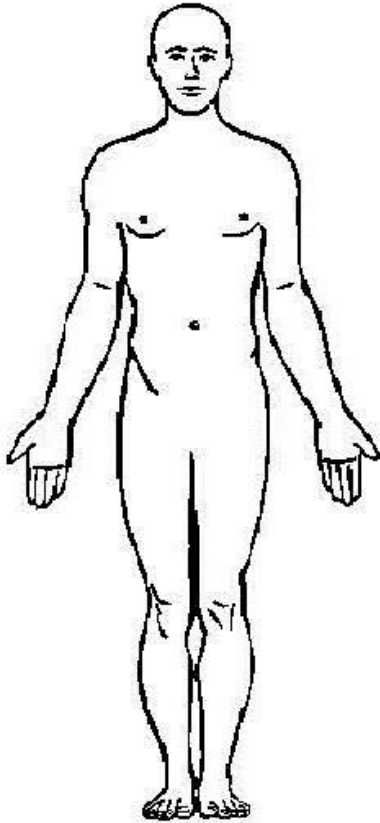
Today's date: _____

Age: _____

Right handed Left handed

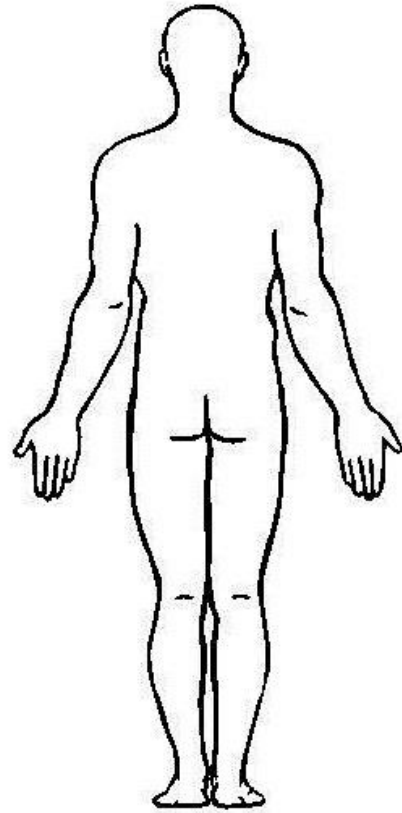
Mark these drawings according to where you are hurt or feel pain. For example, if the right side of your neck hurts, mark the drawing on the right side of the neck. Please indicate which sensation you feel by referring to the key below.

///// Stabbing	XXXX Burning	0000 Pins & Needles	==== Numbness	++++ Aching
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Right

Left



Right

Left

Pain Level: At its worst: _____ At its best: _____

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