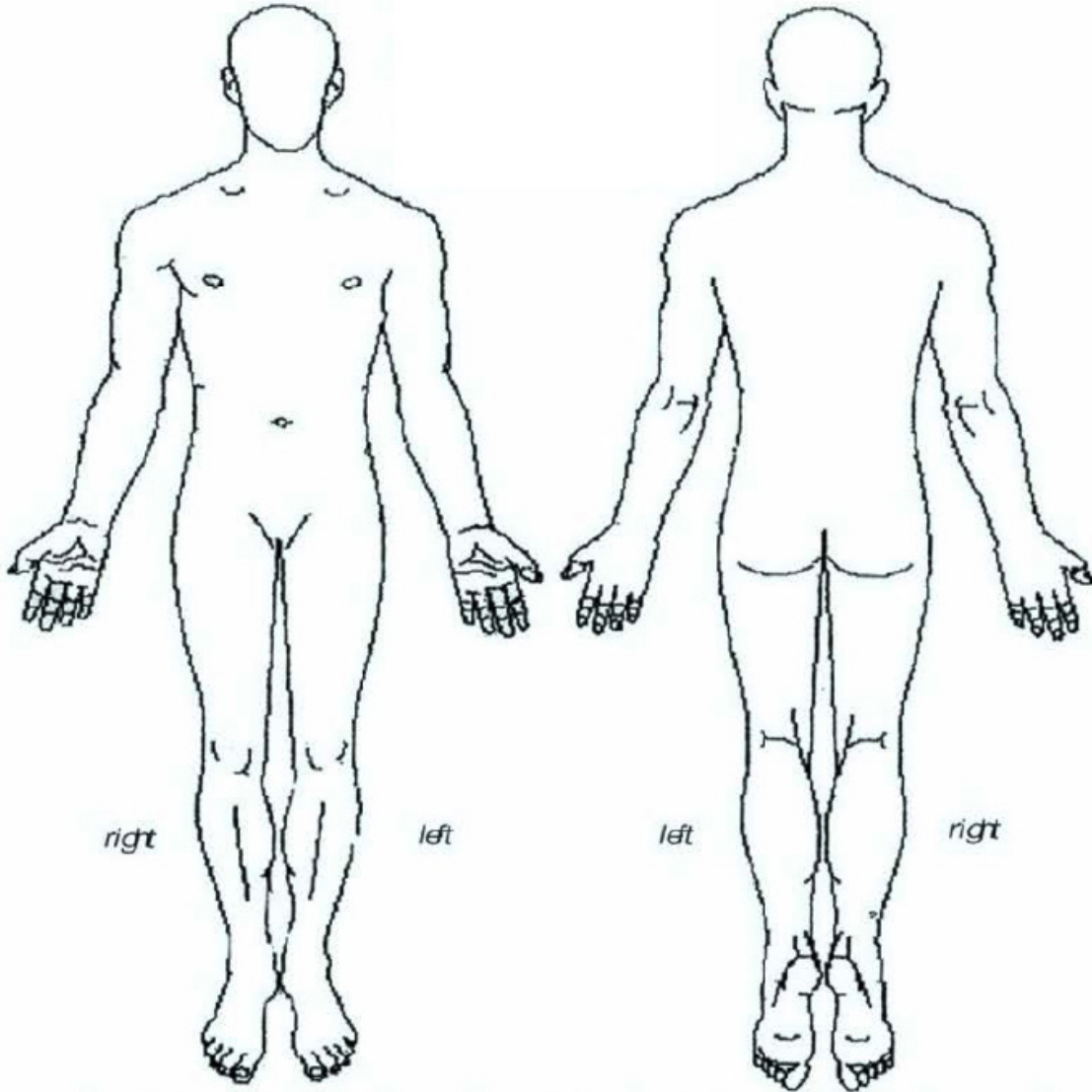


BODY PAIN DIAGRAM

Patient Name : _____ Date of Birth : _____

Where is your pain now? Please mark the areas on your body where you feel the described sensations. Use the appropriate symbol. Mark the areas of radiation using the symbols indicated below. Include all affected areas. Just to complete the picture, please draw in your face.



active pain 
 numb 
 pins & needles 
 burning 
 radiating pain 

How bad is your pain right now? (1=no pain 10=worst pain)																			
1	2	3	4	5	6	7	8	9	10										
How bad is your pain at its worst?					How bad is your pain at its best?														
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
How consistent is your pain now?																			
Continuous			Positional			Intermittent (on/off)			Unable to rate										