

Body Pain Chart

Patient's name:

Date:

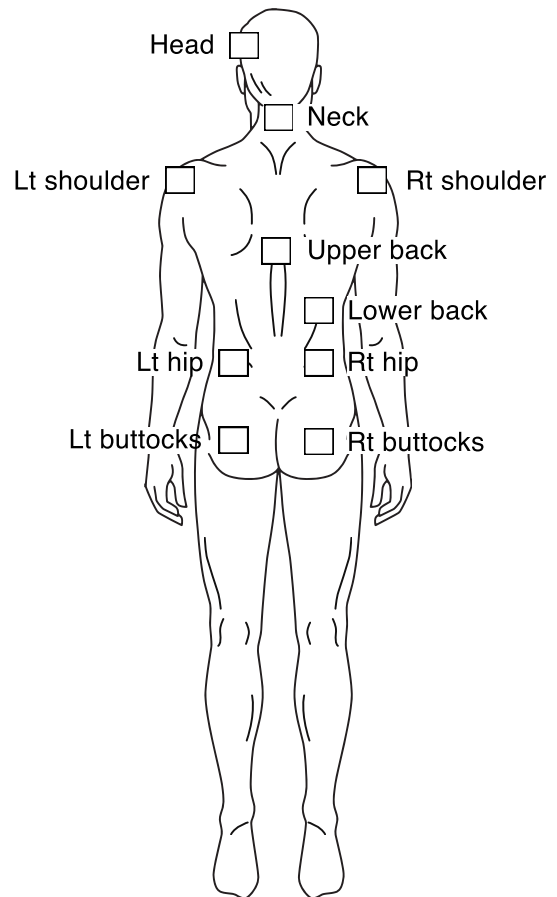
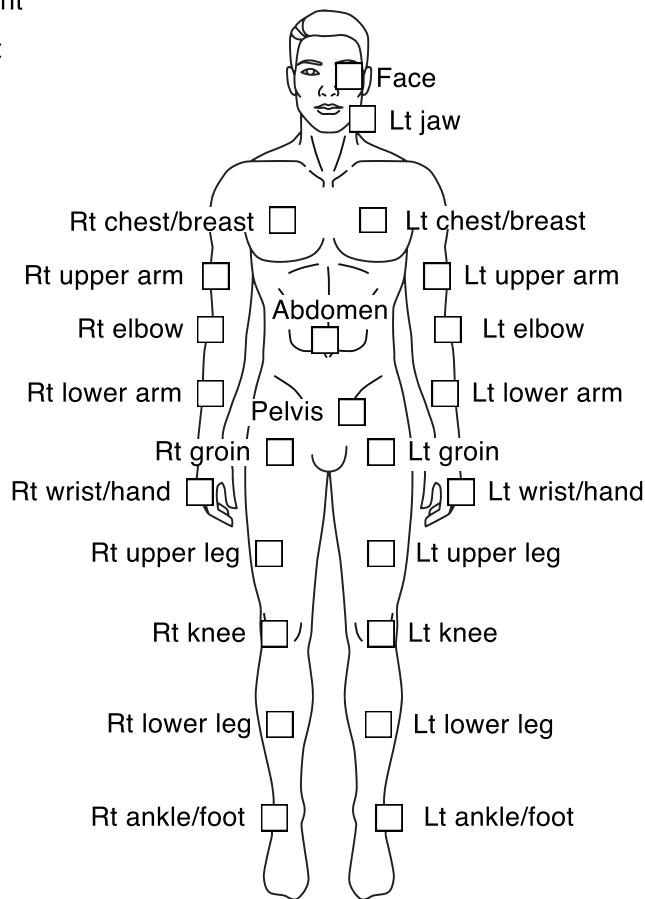
Date of pain onset:

Frequency and duration of pain:

Instruction: Mark areas of pain on the chart, simply place a checkmark in each location where there's discomfort. You can also write them down below.

Rt = Right

Lt = Left



Pain locations:

Pain descriptions:

<input type="checkbox"/> Ache	<input type="checkbox"/> Stabbing
<input type="checkbox"/> Burning	<input type="checkbox"/> Throbbing
<input type="checkbox"/> Numbness	<input type="checkbox"/> Other:
<input type="checkbox"/> Pins and needles	

Pain intensity:

0: No pain 1-3: Mild 4-6: Moderate 7-9: Severe 10: Worst possible pain

Other symptoms (if any):

Notes: