

PATIENT NAME \_\_\_\_\_

**INSTRUCTIONS:**

1. Draw each area of your pain or other symptoms onto the chart.
2. Choose the corresponding numbers and letters from the lists below to describe your symptoms or use your own words.

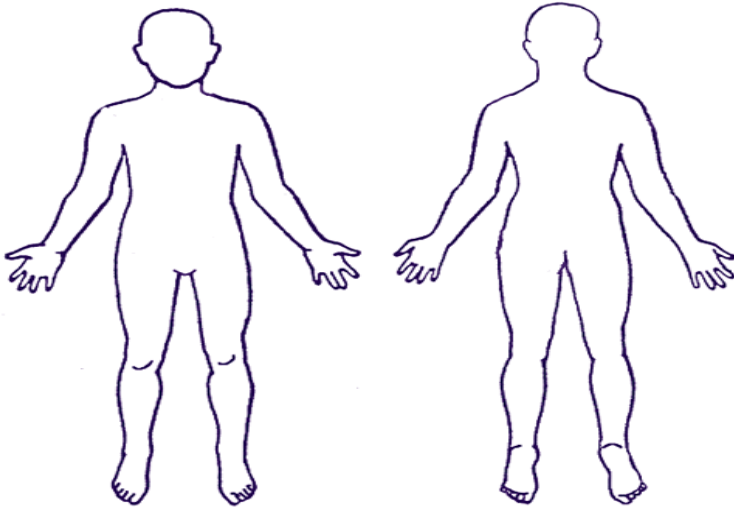
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**THIS LIST PROVIDES SOME EXAMPLES OF WORDS THAT MAY HELP DESCRIBE YOUR PAIN. USE ALL THAT APPLY:**

- |             |              |              |
|-------------|--------------|--------------|
| #1 Sharp    | #5 Throbbing | #9 Heavy     |
| #2 Shooting | #6 Ache      | #10 Tight    |
| #3 Burning  | #7 Tingling  | #11 Pulling  |
| #4 Dull     | #8 Numb      | #12 Stabbing |

**THIS LIST PROVIDES WORDS THAT MAY HELP DESCRIBE THE BEHAVIOR OF YOUR SYMPTOMS. USE ALL THAT APPLY:**

- |  |  |
|--|--|
| A: constant (never goes away)              | B: intermittent (relieved with some positions or rest) |
| C: occasionally (daily or less frequently) | D: infrequently (once a week or month)                 |
| E: previously (no longer present)          | F: variable (sometimes worse than other times)         |



**FRONT**

**BACK**