

PAIN QUESTIONNAIRE

Name: _____

Date: _____

BODY DIAGRAM

Indicate your symptoms on the body diagrams using the symbols in the key below:

Key:

///// = Stabbing

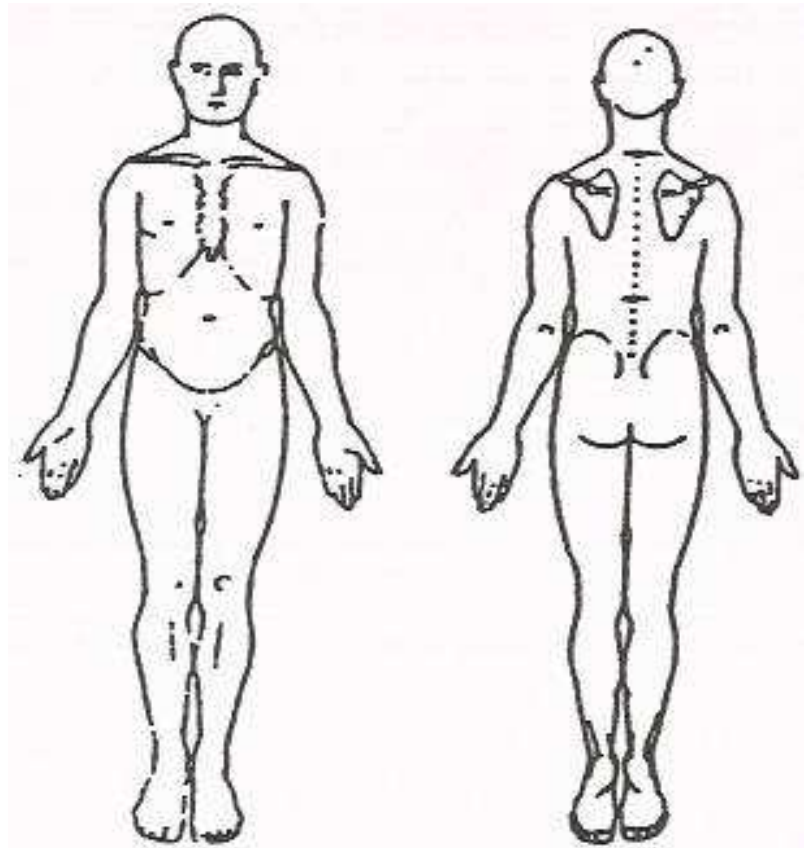
XXX = Burning

OOO = Pins and Needles

++++ = Numbness

AAAA = Ache

If description is not found, circle area and write in what it feels like.



PAIN SCALE

On the line below, please make a line where you think your pain level is at when at rest (#1) and with activity (#2):

0 = no pain or symptoms

10 = the worst pain you've ever had (you would need to go to the emergency room)

#1 REST: | _____ |
0 1 2 3 4 5 6 7 8 9 10

#2 ACTIVITY: | _____ |
0 1 2 3 4 5 6 7 8 9 10