

Chart of Your Symptoms

1. Draw each area of your pain or other symptoms onto the chart
2. Choose words from the following lists to describe your symptoms or use your own words

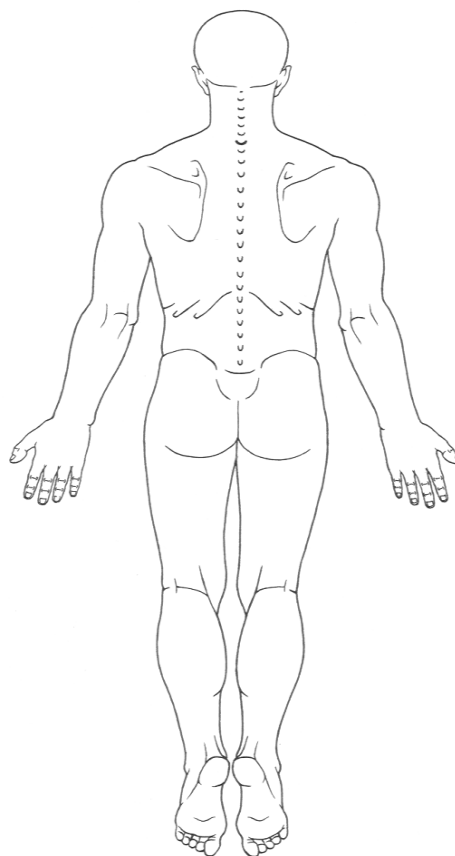
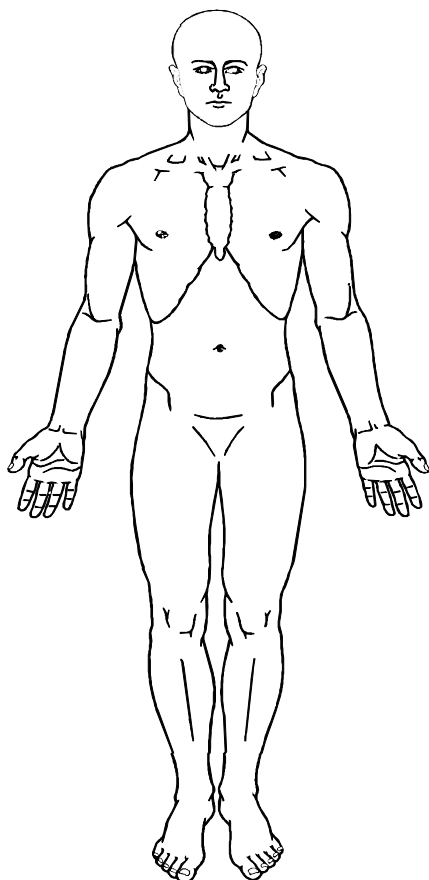
Constant	Never goes away
Intermittent	Relieved with some positions or rest
Occasional	Daily or less frequent
Infrequent	Once a week or less
Previously	No longer present

This list provides some words that may help describe your pain:

Sharp	Shooting	Burning	Dull
Tingling	Throbbing	Ache	Numb
Heavy	Tight	Pulling	Stabbing

3. To the best of your memory, put the date each area of symptoms started.
4. Rate your pain level (0 – 10):

0	1	2	3	4	5	6	7	8	9	10
No pain		Mild		Discomforting		Distressing		Horrible		Excruciating



Body form: full figure, right side and back.

RIGHT

LEFT

LEFT

RIGHT

NAME: _____

DATE: _____