

Pain Chart

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SHOW AREA (S) OF PAIN OR UNUSUAL FEELING

Mark the areas on this copy where you feel the described sensations. Use the appropriate symbols.
Mark areas of radiation. Include all affected areas.

Numbness

Pins & Needles

00000
00000

Burning

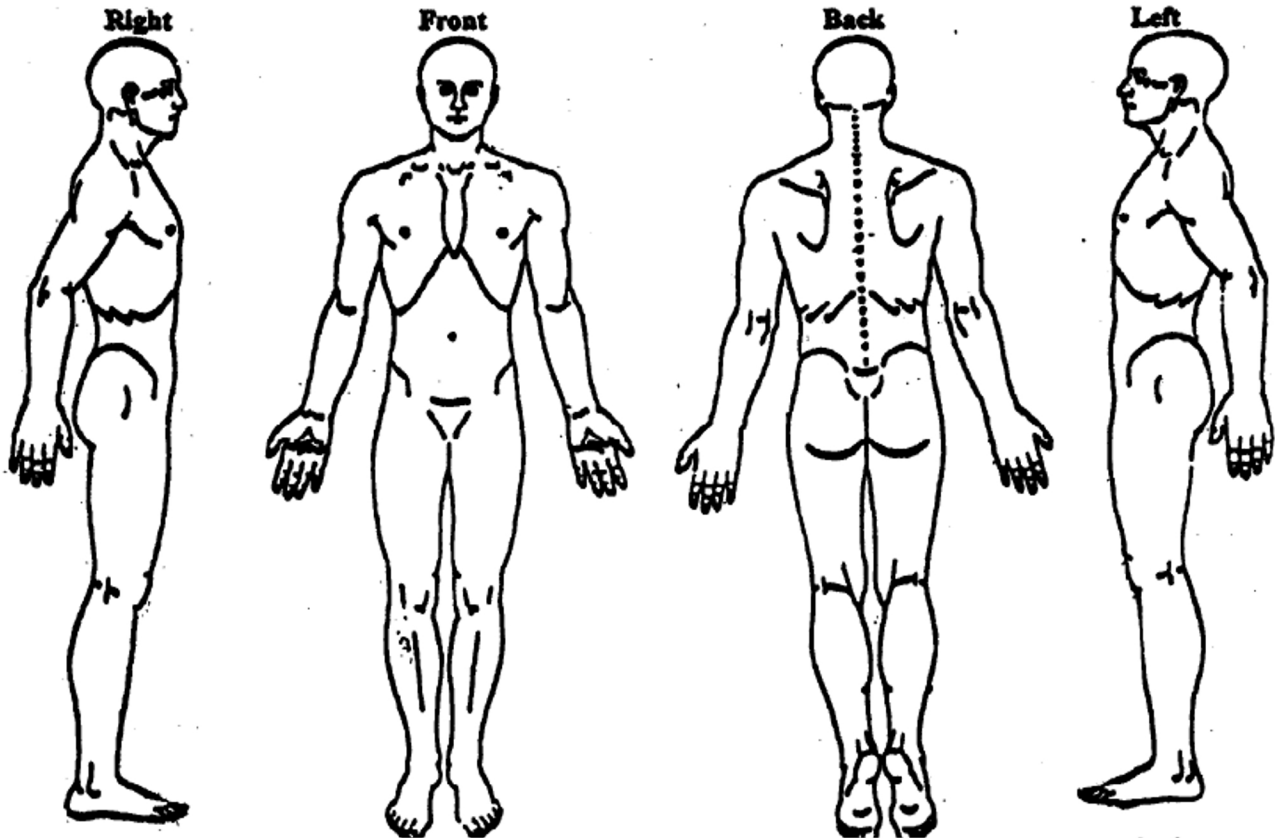
XXXXX
XXXXX

Aching

+++++
+++++

Stabbing

/////



VISUAL ANALOG SCALE: Circle the number that indicates how bad your pain is for each area of pain.

Headache:	0	1	2	3	4	5	6	7	8	9	10
Neck:	0	1	2	3	4	5	6	7	8	9	10
Mid Back:	0	1	2	3	4	5	6	7	8	9	10
Lower Back:	0	1	2	3	4	5	6	7	8	9	10
Shoulder:	0	1	2	3	4	5	6	7	8	9	10
Elbow:	0	1	2	3	4	5	6	7	8	9	10
Hand:	0	1	2	3	4	5	6	7	8	9	10
Hip:	0	1	2	3	4	5	6	7	8	9	10
Thigh:	0	1	2	3	4	5	6	7	8	9	10
Knee:	0	1	2	3	4	5	6	7	8	9	10
Foot:	0	1	2	3	4	5	6	7	8	9	10

No Pain

Unbearable Pain

Patient's Signature _____ Date: _____