

Name _____

Date _____

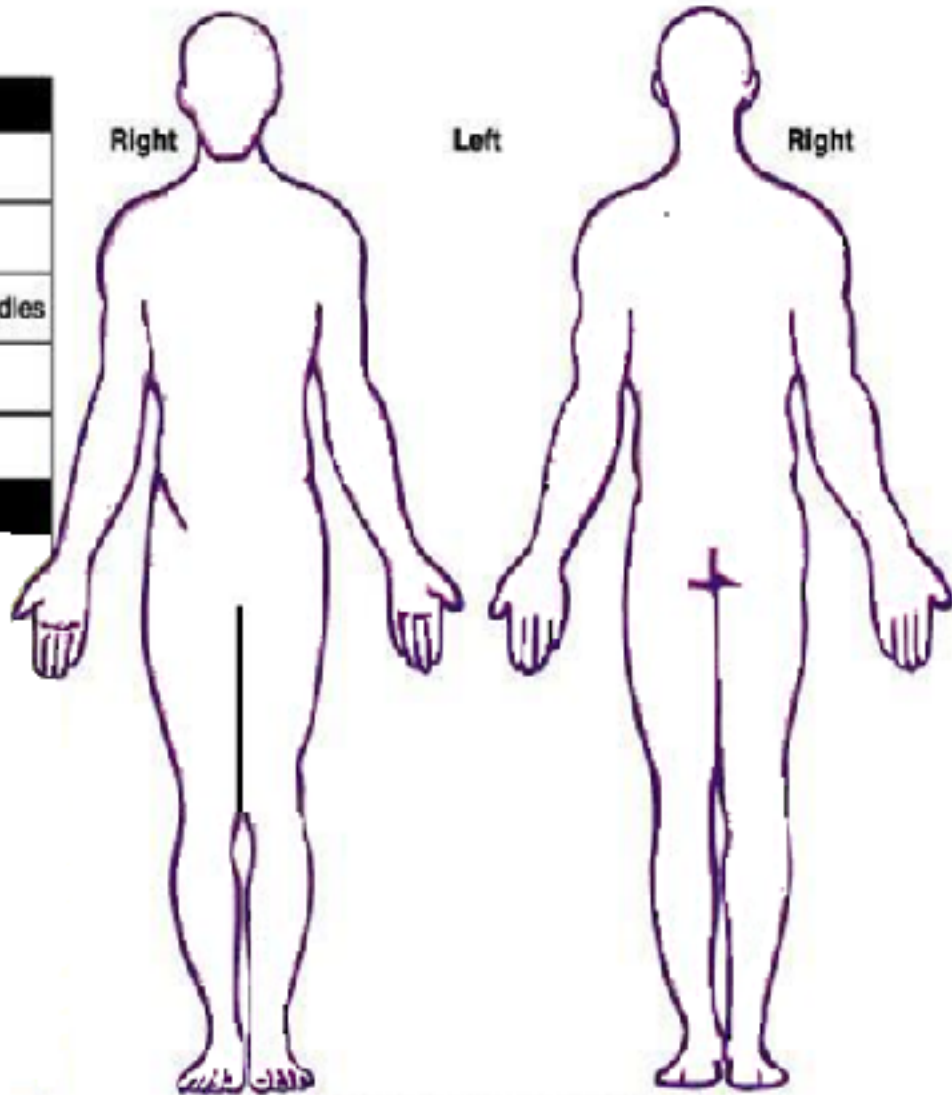
Instructions: Mark these drawings according to where you hurt (if the right side of your neck hurts, mark the drawing on the right side of the neck, etc.) Please indicate which sensations you feel by referring to the key below.

RIGHT HANDED

LEFT HANDED

KEY	
////	Stabbing
XXXX	Burning
0000	Pins & Needles
====	Numbness
++++	Aching
PAIN LEVEL	

- 0 No Pain
- 1 Mild pain, you are aware of it but it doesn't bother you.
- 2 Moderate pain that can tolerate without medication
- 3 Moderate pain that requires medication to tolerate.
- 4-5 More severe pain you begin to feel antiseptic.
- 6 Severe pain.
- 7-9 Very severe pain



CIRCLE YOUR CURRENT PAIN LEVEL

0 1 2 3 4 5 6 7 8 9 10