

PAIN ASSESSMENT CHART

SURNAME.....**FIRST NAME**.....**DATE**...../...../.....

Q1. Please place one mark on the line below to show how bad your pain is at the present time.

NO PAIN | _____ | WORST PAIN IMAGINABLE

Q2. Please circle those words below that fit the description of your pain:

shooting electric stabbing sharp cramping gnawing hot/burning
 throbbing aching pulling dull heavy tender tight splitting
 tiring-exhausting sickening fearful punishing cruel terrifying nauseating agonizing

Q3. Mark all the areas on your body where you feel pain or abnormal sensations, using the symbols below. Please include all areas of pain even though you may feel they may not be relevant to your current problem.

NUMBNESS : : : : : : : : : :	PINS & NEEDLES ooooo ooooo	ACHE XXXX XXXX
PAIN // // // // // // // // // //	BURNING --- ---	

Body Chart

(to be filled in by the patient)

Pain Sites

Please draw on the body outlines below to show where you feel pain.
 Label each site of pain with a letter A.B.C. etc.

