PAIN BODY DIAGRAM

- Pain Intensity: 0 1 2 3 4 5 6 7 8 9 10
- Type of Pain: □ Aching  □ Dull  □ Throbbing  □ Sharp  □ Burning  □ Numbness  □ Tingling  □ Shooting  □ Radiating
- Duration of Pain: □ Constant
  □ Most of Time
  □ Comes and Goes
  □ Once in a While
  □ Hardly Ever

Patient Signature: __________________________________________ Date: ____________  Time: ____________