Family Chiropractic of Burr Ridge

Dr. Edward Carrie
Chiropractic Physician

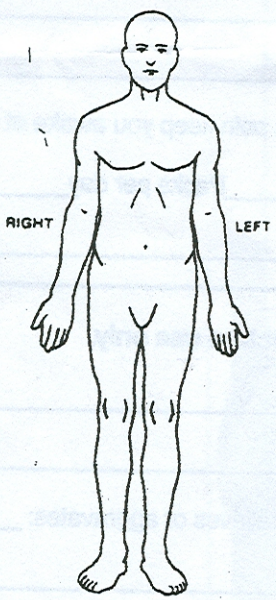
PAIN CHART

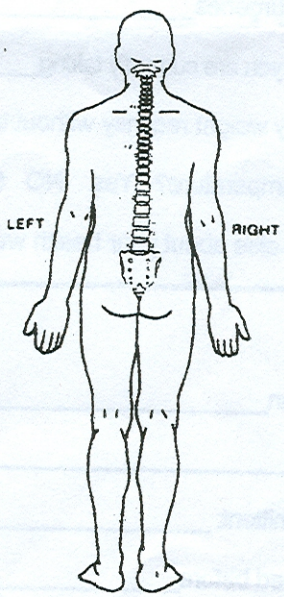
Name:_____ Date:_____ ID#:_____

Mark the area on the diagram, where you feel the described sensations.
Please use the appropriate symbols and mark all affected areas.

For numbness mark — — — *For pain and needles mark* ooo ooo ooo

For burning mark xxx xxx xxx *For aching mark* *** *** *** *For stabbing mark* /// /// ///





Rate your pain from 0 to 10 0 = No pain 10 = Extremely intense pain.

Please answer the following questions:

1. Right now the pain is at 012345678910
2. At its worse the pain is 012345678910
3. At it's best the pain is 012345678910