Washington University in St. Louis
SCHOOL OF MEDICINE
Washington University Orthopedics

PLEASE USE BLUE OR BLACK INK ONLY

Name:_____ DOB:_____ Age_____ Date _____
mm/dd/yyyy

Pain Diagram

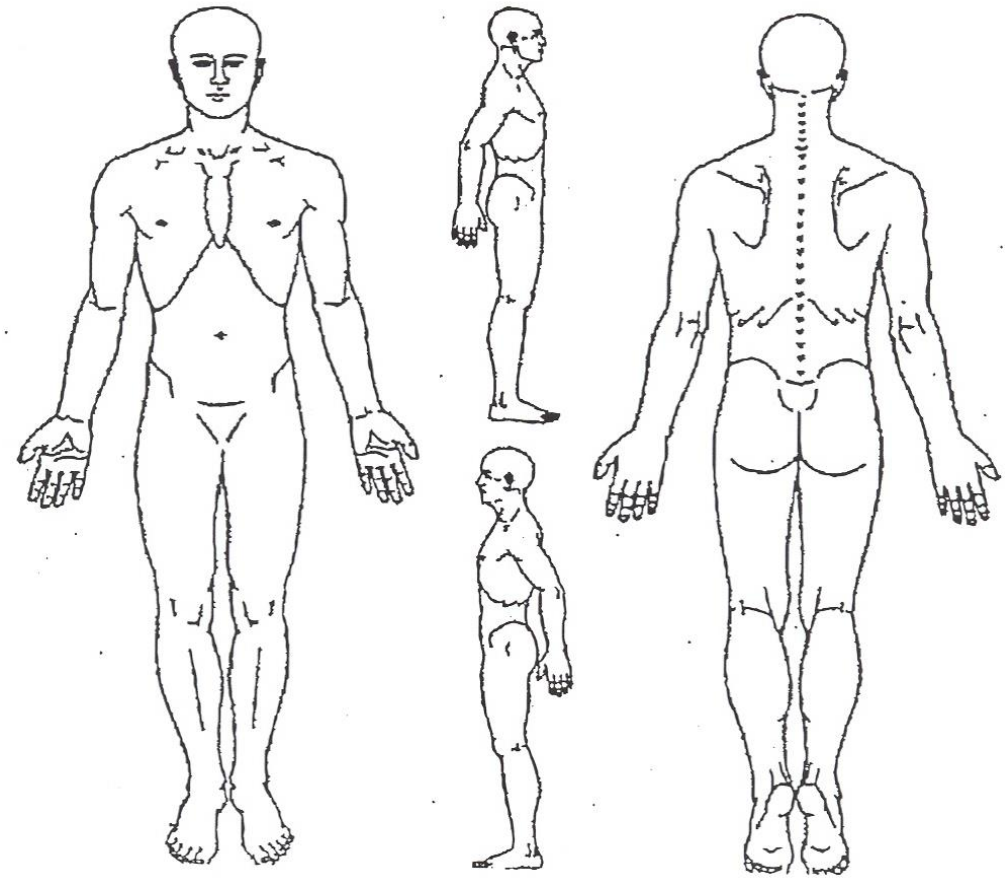
☐Right Handed ☐Left Handed

Please indicate on these drawings 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.

Key:

//// Stabbing	XXXXX Burning	00000 Pins & Needles	====== Numbness	+++++Aching

Right Left Right



Pain Level: 0 1 2 3 4 5 6 7 8 9 10

(Circle your current pain level)

0	No Pain
1	Mild pain; you are aware of it, but it doesn't bother you
2	Moderate pain that you can tolerate w/o medicine
3	Moderate pain that requires medicine
4-5	More Severe pain; you begin to feel anti-social
6	Severe pain
7-9	Intensely severe pain
10	Most severe pain; it may make you contemplate suicide