



TOTAL PERFORMANCE
PHYSICAL THERAPY

Stronger. Faster. Better.

PAIN/SYMPTOM DIAGRAM

Patient Name: _____

Date: _____

Please place the corresponding symbols on the diagram below as they relate to your pain/symptoms.

Sharp Pain
/////

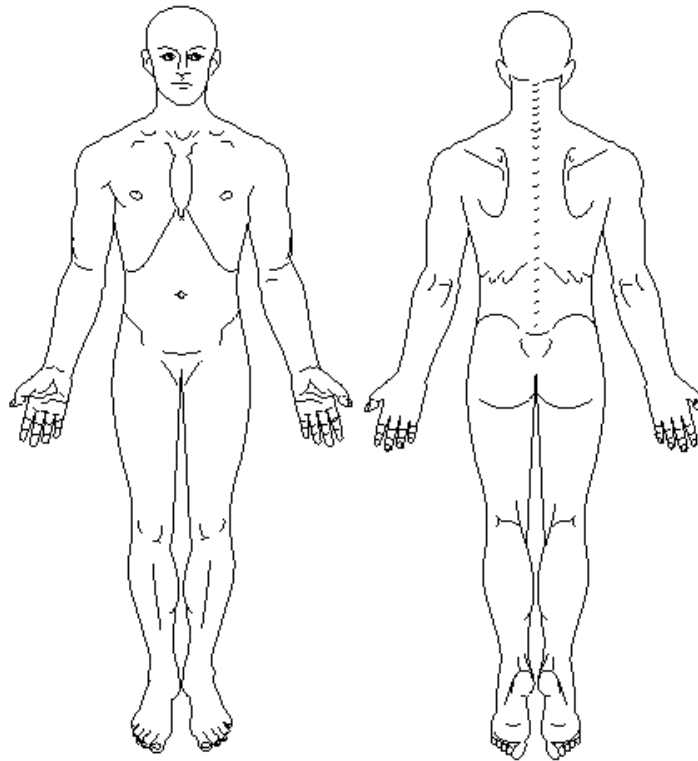
Achiness
XXX

Burning
!!!!

Pins and Needles
000000

Numbness
++++

Other
###



For the following questions use the pain scale listed below:

0 **1** **2** **3** **4** **5** **6** **7** **8** **9** **10**
No Pain **Mild Pain** **Moderate Pain** **Severe Pain** **Unbearable**

What is your pain level at rest? _____

What is your pain level at best? _____

What is your pain level with activity? _____

What is your pain level at worst? _____