

Symptom Chart

Name: _____

Date: _____

ABOUT YOU:

Please describe your present condition as you understand it: _____

Signature : _____

Date : _____

SHOW US WHERE IT HURTS :

Please mark area(s) of injury or discomfort as shown in the example below. Mark all areas with appropriate symbols and indicate the degree of pain using a scale from 1 (discomfort) to 10 (extreme pain).

Description →
Symbol →

Numbness
NNNN

Pins & Needles
PPPP

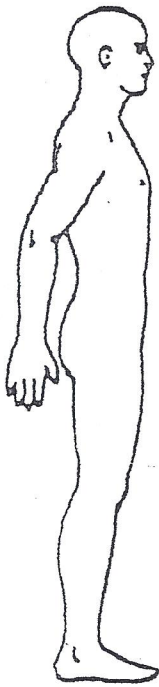
Burning
BBBB

Aching
AAAA

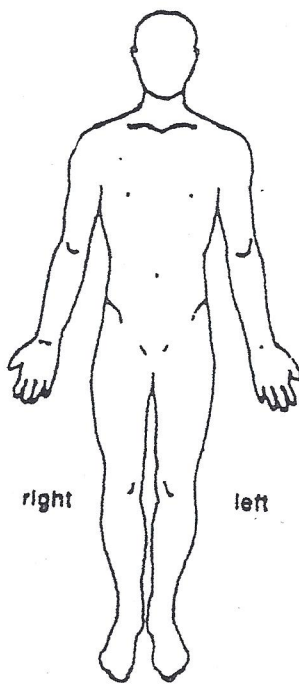
Stabbing
SSSS



Example



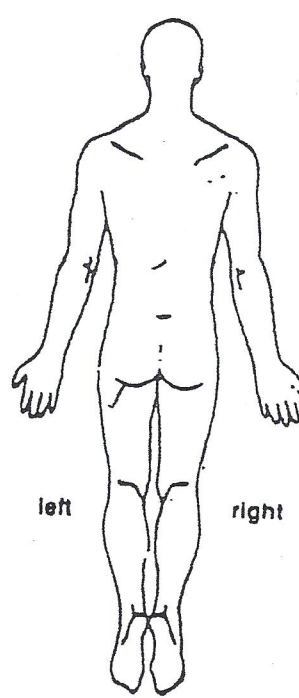
Right



right

left

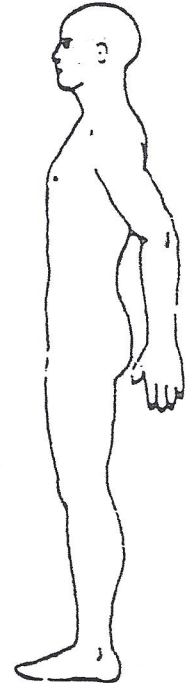
Front



left

right

Back



Left

What percentage of the time do you feel each symptom?

0-25%

25-50%

50-75%

75-100%

Please tell us when and how often these symptoms happen : _____

How long has this been going on? _____

Describe how your movements or activities are presently affected : _____