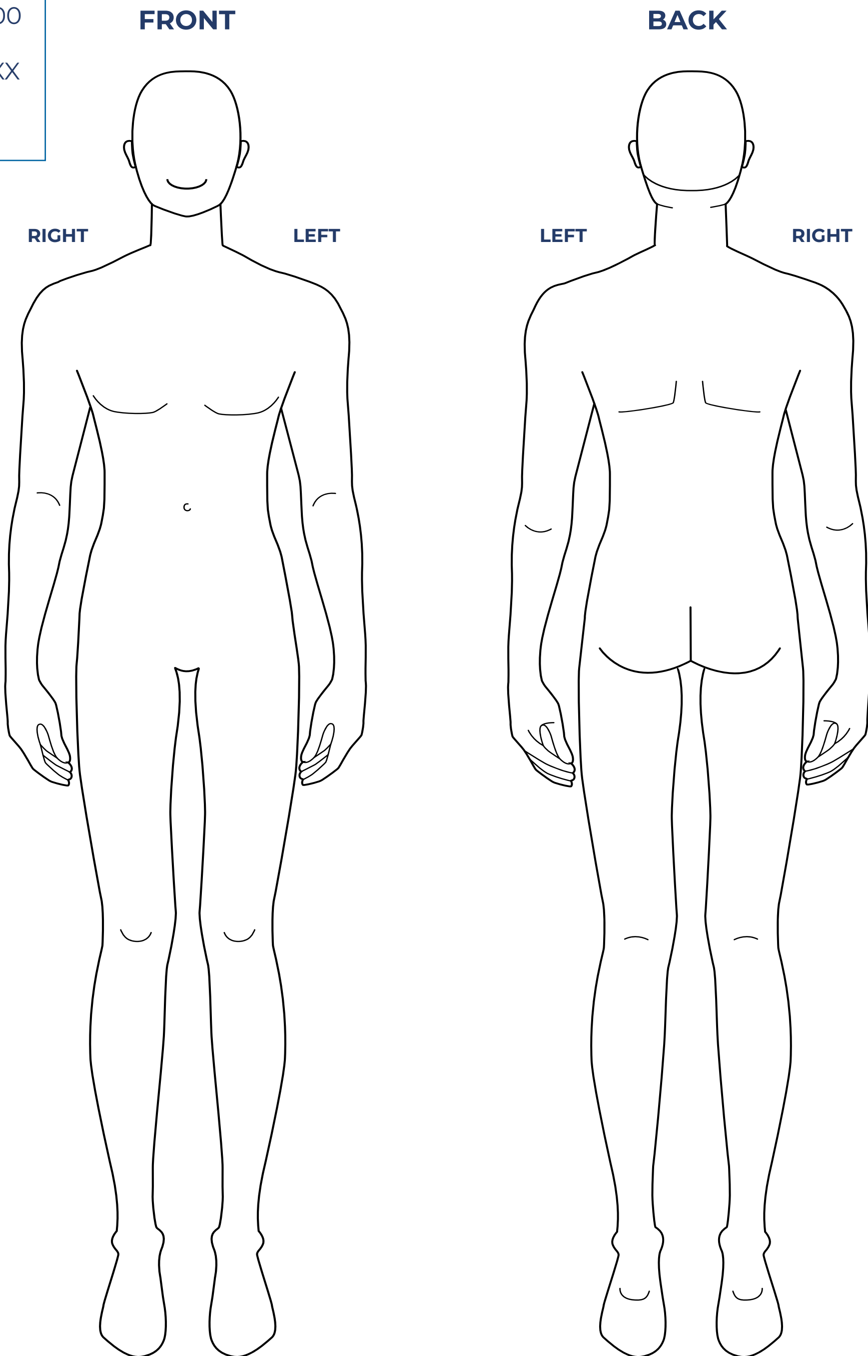
HARBOUR SPINE SURGEONS

PAIN DIAGRAM

PATIENT NAME	AGE	DATE

Please mark the areas on your body, using the appropriate symbols, where you feel the following sensations:

TINGLING:	0000
PAIN:	XXXX
NUMBNESS:	IIII

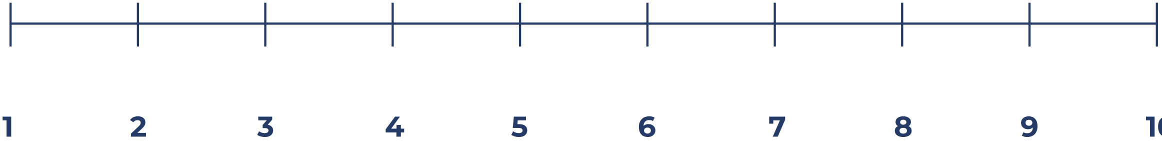


HOW LONG HAVE YOU HAD THESE SYMPTOMS?

PAIN DIAGRAM

1. PLEASE RATE YOUR **BACK/NECK** PAIN FROM 0 - 10 USING THE SCALE BELOW

NO PAIN WORST PAIN EVER



2. PLEASE RATE YOUR **ARM/LEG** PAIN FROM 0 - 10 USING THE SCALE BELOW

NO PAIN WORST PAIN EVER