

**Symptom Diagram**

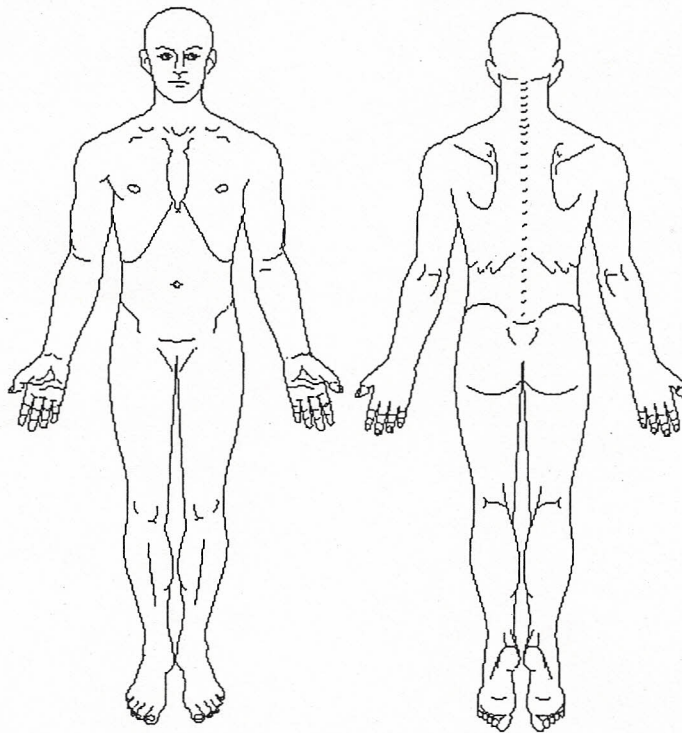
Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*You must answer\*\*:**

Is the injury for which you are being seen today related to a motor vehicle accident or worker-related injury? **YES** **NO**

Use the following drawing to indicate the location of your symptoms at the present time. Use the various symbols to describe the symptoms.

<b>Sharp Pain</b> ////	<b>Achiness</b> XXX	<b>Burning</b> !!!!	<b>Pins &amp; Needles</b> 0000	<b>Numbness</b> ++++
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**Instructions: rate your major area of pain on the 0-10 Pain Rating Scale below:**

0	1	2	3	4	5	6	7	8	9	10
No pain		Weak	Moderate		Strong		Very Strong			Maximal Pain

Please rate your pain (0-10) at rest and with activity in the spaces provided:

With Activity \_\_\_\_\_

At Rest \_\_\_\_\_