

## Please Create A Chart Of Your CURRENT Symptoms

(See Example)

► This list provides some examples of words that may help describe your pain. **USE ALL THAT APPLY.**

- |                 |                  |                  |
|-----------------|------------------|------------------|
| #1.....Sharp    | #5.....Throbbing | #9.....Heavy     |
| #2.....Shooting | #6.....Ache      | #10.....Tight    |
| #3.....Burning  | #7.....Tingling  | #11.....Pulling  |
| #4.....Dull     | #8.....Numb      | #12.....Stabbing |

► This list provides words that may help describe the behavior of your symptoms. **USE ALL THAT APPLY.**

- |   |
|---|
| A. constant ( <i>never goes away</i> )                          |
| B. intermittent ( <i>relieved with some positions or rest</i> ) |
| C. occasionally ( <i>daily or less frequent</i> )               |
| D. infrequently ( <i>once a week or month</i> )                 |
| E. previously ( <i>no longer present</i> )                      |
| F. variable ( <i>sometimes worse than other times</i> )         |

Please mark on this line the **INTENSITY** of your pain

Severe Pain

Minimal Pain

### INSTRUCTIONS:

1. Draw each area of your pain or other symptoms onto the chart.
2. Choose the corresponding number and letters from the previous lists to describe your symptoms or use your own words.
3. Put the date each area of symptoms started for this episode to the best of your memory.

