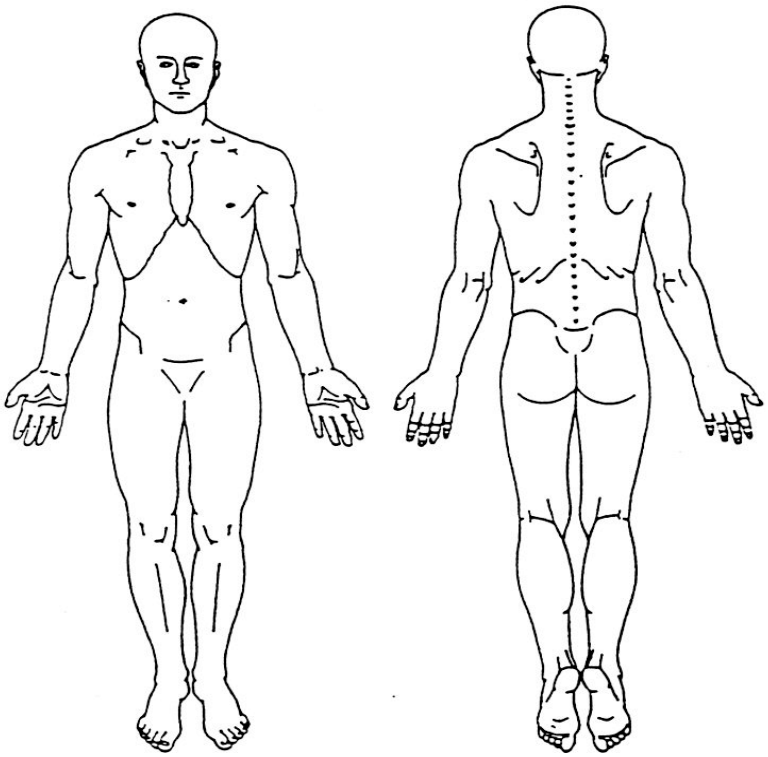
BODY DIAGRAM

The Leaders in Human and Economic Performance™

Date ____/____/____

Patient Name _____ D.O.B. ____/____/____

On the body diagram below, shade in the area(s) where you are having pain, tingling or numbness with this episode.



On the 0-10 scale provided below, circle the **average pain level** for this episode.

Best 0 1 2 3 4 5 6 7 8 9 10 Worst

On the 0%-100% scale provided below, circle the **percent of normal function** at which you are currently able to perform. This includes: work performance, activity at home, sports, socially with friends, etc.

Best 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0% Worst

Current Medications _____

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