

STROOP CHIROPRACTIC WELLNESS CENTER

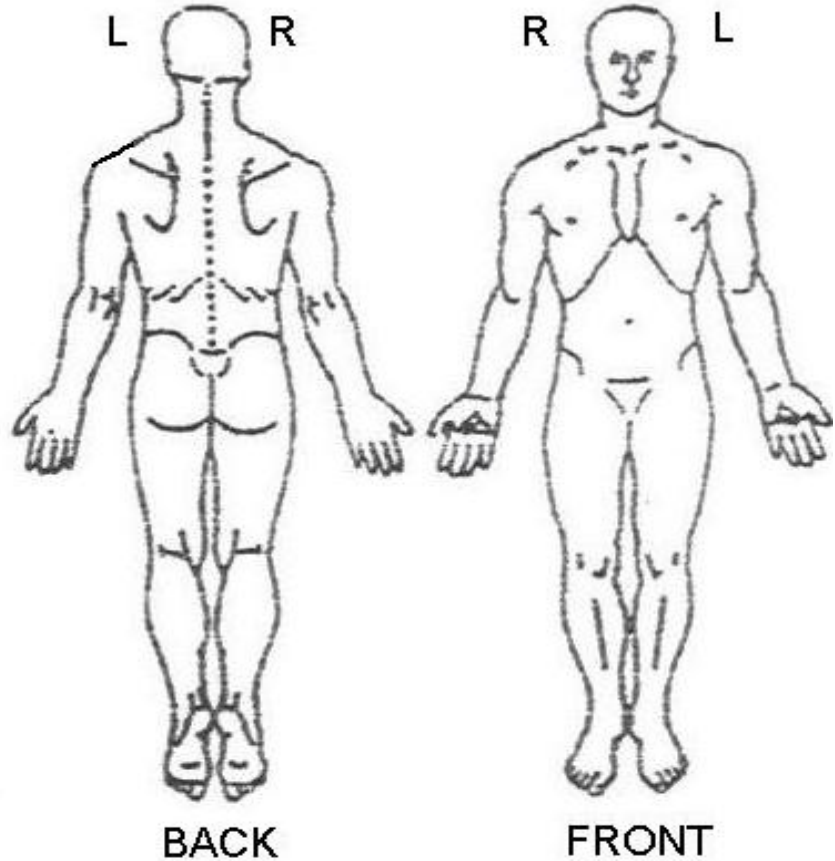
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PAIN DIAGRAM

Using the symbols listed below; mark on the two drawings which areas on your body where you feel the described sensations:

- Numbness = = =
- Dull Ache 0 0 0
- Hot Burning x x x
- Sharp Stabbing / / /
- Pins & Needles + + +
- Other _____



Please pinpoint your area(s) of pain

Pain Scale:

Please rate the severity of the pain you have felt, in general, by checking one box on the following scale:

| No Pain | | | | | Excruciating Pain | | | | | |
|---------|---|---|---|---|-------------------|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Signature: _____

Date: _____