

# Virginia Family Chiropractic & P.T., PLLC

## PAIN DIAGRAM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

On the diagram below indicate where you have pain or other symptoms.  
 En el diagrama de abajo, indique donde siente dolor u otros sintomas.

Ache	Burning	Numbness	Pins and Needles	Stabbing	Other
^ ^ ^ ^ ^	= = = = =	o o o o o	.....	/ / / / /	X X X X
^ ^ ^ ^ ^	= = = = =	o o o o o	.....	/ / / / /	X X X X
Dolor	Ardor	Adormecido	Pinchazos	Punzante	Otro

Indicate the intensity of your symptoms.  
 Indique la intensidad de sus sintomas.

No pain/ No dolor |-----|-----|-----|-----|-----|-----|-----|-----|-----| Intolerable / Unbearable  
 0 1 2 3 4 5 6 7 8 9 10

