Musculoskeletal Pain Diagram

Name: _____ Date: _____
Age:_____ Gender:_____ Occupation:_____
Recreation/Hobbies/Sports_____

Current Symptoms:

1) Where are you currently experiencing symptoms?_____
2) What date (roughly) did the symptoms begin?_____
3) Did your pain begin □ Gradually? □Suddenly? □ By Injury?
   Explain:_____
4) Have you had this problem before? □ YES □ NO If yes, when?_____
5) What aggravates your symptoms? □Sitting □ Rise from Sitting □ Standing □ Lying Down
   □ Lifting □ Overhead Activity □ Bending □ Walking □ Running □ Stairs □ Squatting
   □ Skiing □ Snowboarding □Mountain Biking □ Road Biking □ Kneeling □ Jumping
   □ Dressing □ Coughing/Sneezing □Other:_____
6) What eases your symptoms? □ Ice □ Heat □Rest □ Elevation □ Changing Positions
   □Other_____
7) My goal for physical therapy is:_____

8) Please rate your pain over the last 24 hours:

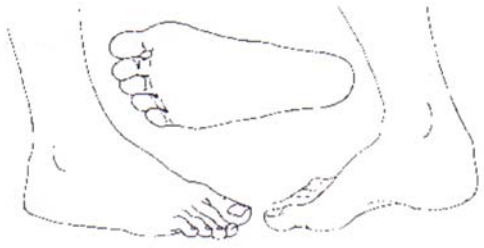
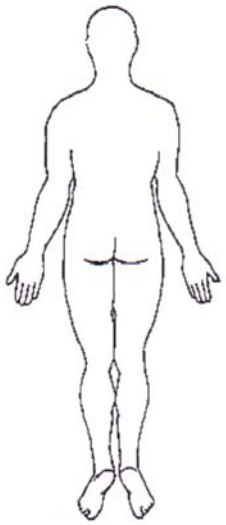
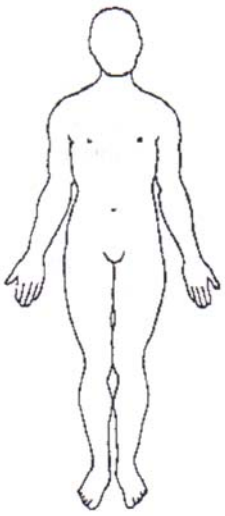
0	1	2	3	4	5	6	7	8	9	10
No Pain										Worst Pain

9) Please rate your pain at it's best:

0	1	2	3	4	5	6	7	8	9	10
No Pain										Worst Pain

Please rate your pain at it's worst:

0	1	2	3	4	5	6	7	8	9	10
No Pain										Worst Pain

Please draw your areas of complaint using the diagram and the markings below:

ACHE	BURNING	NUMBNESS	PINS/NEEDLES	THROBBING	OTHER/GENERAL
^^^^^	========	0000000000	……..	//////////////////	xxxxxxxxxxxxxxx