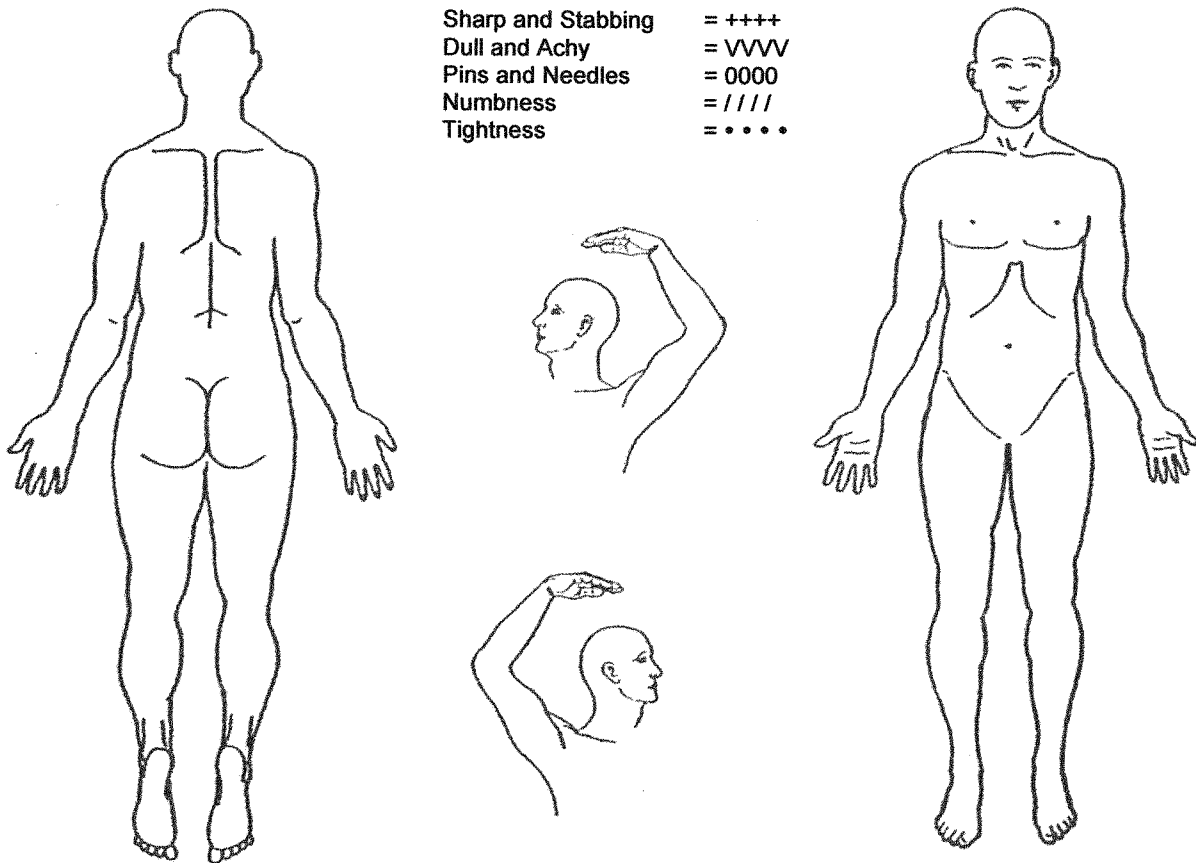


Body Awareness Drawing

Name _____ Date _____

Please indicate the appropriate location of pain and the symbol that best describes the discomfort you are presently experiencing.



Sharp and Stabbing = ++++
 Dull and Achy = VVVV
 Pins and Needles = 0000
 Numbness = ////
 Tightness =

Please check the appropriate # to describe your present pain level, with 0 being normal/or no pain, and 10 being very severe pain.

C = Constant
I = Intermittent

Area of Pain	Normal	Mildly in Pain	Moderate	Severe Pain		
Neck	<input type="checkbox"/> 1	2 3 4	5 6 7	8 9 10	C	I
Middle Back	<input type="checkbox"/> 1	2 3 4	5 6 7	8 9 10	C	I
Lower Back	<input type="checkbox"/> 1	2 3 4	5 6 7	8 9 10	C	I
Hip(s) L R	<input type="checkbox"/> 1	2 3 4	5 6 7	8 9 10	C	I
Shoulder(s) L R	<input type="checkbox"/> 1	2 3 4	5 6 7	8 9 10	C	I
Arm(s) L R	<input type="checkbox"/> 1	2 3 4	5 6 7	8 9 10	C	I
Leg(s) L R	<input type="checkbox"/> 1	2 3 4	5 6 7	8 9 10	C	I
Headaches	<input type="checkbox"/> 1	2 3 4	5 6 7	8 9 10	C	I
Jaw L R	<input type="checkbox"/> 1	2 3 4	5 6 7	8 9 10	C	I
Other:	<input type="checkbox"/> 1	2 3 4	5 6 7	8 9 10	C	I
Other:	<input type="checkbox"/> 1	2 3 4	5 6 7	8 9 10	C	I

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