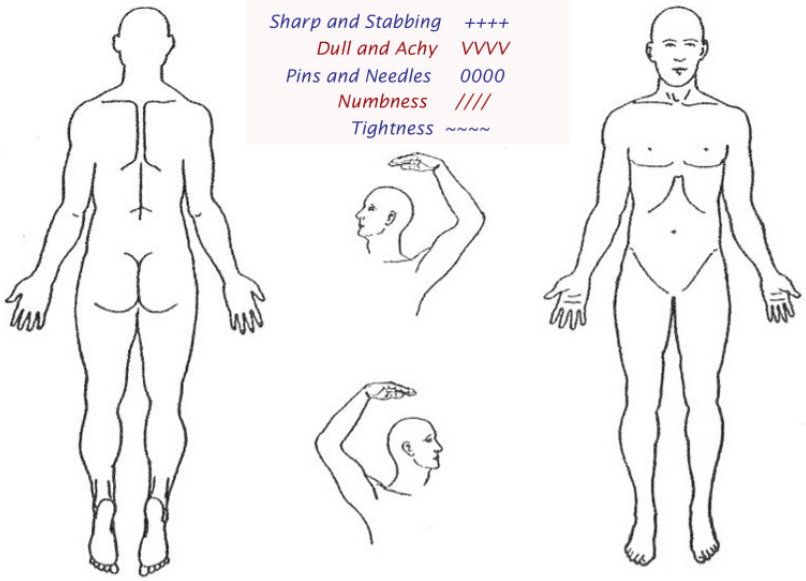
Body Awareness Questionnaire

Name: _____ Date: _____



Please indicate in the drawing above the area and nature of the discomfort you are experiencing:

Nature of Discomfort: Sharp and Stabbing (++++); Dull and Achy (VVVV); Pins and Needles (0000); Numbness (////); Tightness (~~~~).

Please indicate the current level of tension or discomfort you are experiencing using the following scale:

Discomfort Level: Normal 0-1; Mild 2-4; Moderate 5-7; Severe 8-10; Constant (C) or Intermittent (I).

Area of Pain	☑	Normal	Mild Pain	Moderate	Severe Pain		
Neck	☐	0 1	2 3 4	5 6 7	8 9 10	C	I
Middle Back	☐	0 1	2 3 4	5 6 7	8 9 10	C	I
Lower Back	☐	0 1	2 3 4	5 6 7	8 9 10	C	I
Hip(s) L or R	☐	0 1	2 3 4	5 6 7	8 9 10	C	I
Shoulder(s) L or R	☐	0 1	2 3 4	5 6 7	8 9 10	C	I
Arm(s) L or R	☐	0 1	2 3 4	5 6 7	8 9 10	C	I
Leg(s) L or R	☐	0 1	2 3 4	5 6 7	8 9 10	C	I
Headaches	☐	0 1	2 3 4	5 6 7	8 9 10	C	I
Jaw L or R	☐	0 1	2 3 4	5 6 7	8 9 10	C	I
Other:	☐	0 1	2 3 4	5 6 7	8 9 10	C	I

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