

LOCATIONS & INTENSITY OF PAIN & DISCOMFORT IN YOUR BODY

Name: _____ Date: _____

● Before

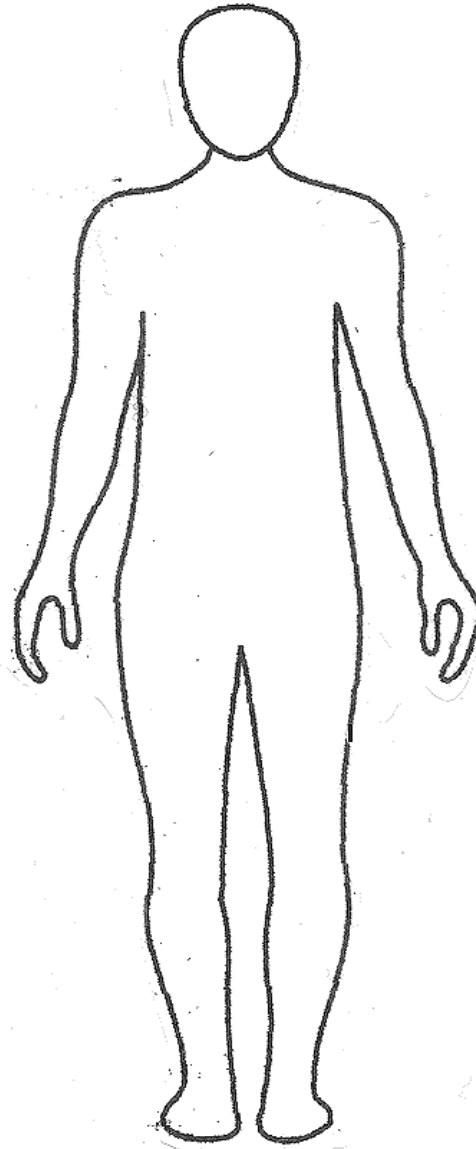
● After

SCALE

0 = Best

5 = not good not bad

10 worst



Download form from:

www.chisuchinta.com/pdf/2012bodychart.pdf