

# PAIN DIAGRAM

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

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

Mark the areas on your body where you feel the sensations described below, using the appropriate symbol.

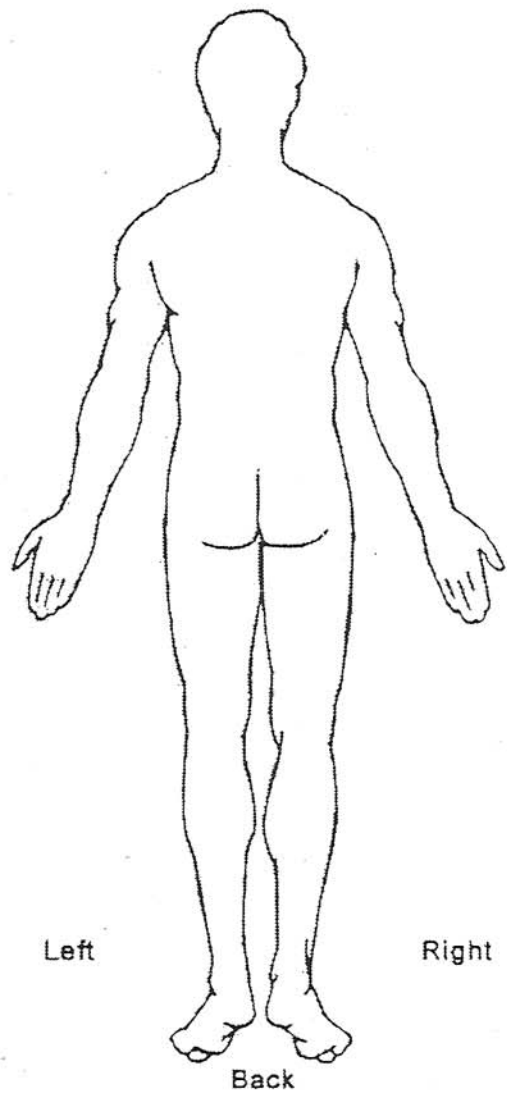
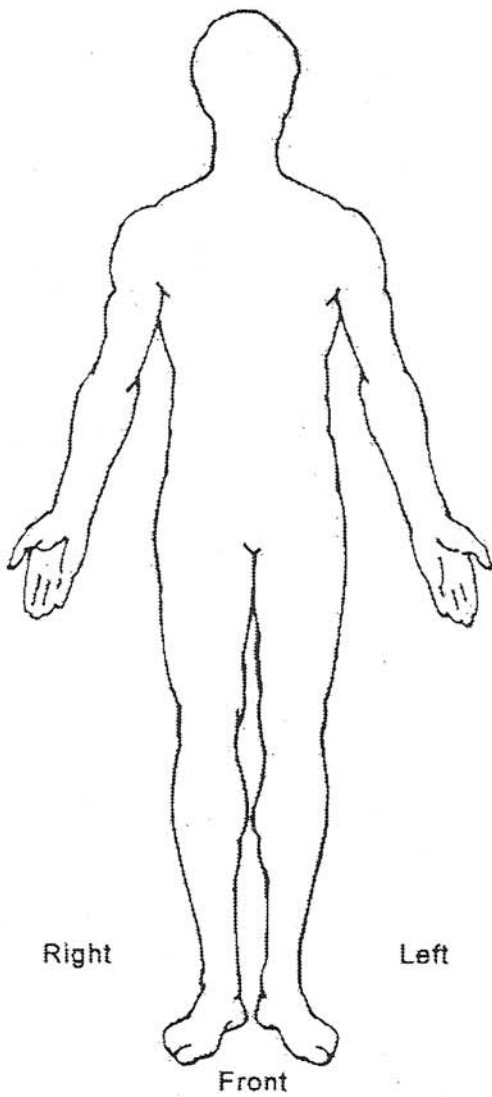
ACHEY PAIN  
///

STABBING PAIN  
▽▽▽

BURNING  
===

NUMBNESS  
xxx

TINGLING  
ooo



On a scale from 0 to 10, describe your pain now. \_\_\_\_\_

0  
No Pain

10  
Worst Possible Pain