

Pain Diagram

Please mark the area of injury or discomfort on the chart below, using the appropriate symbols:

Numbness

Pins & Needles

OOOOO
OOOOO
OOOOO

Burning

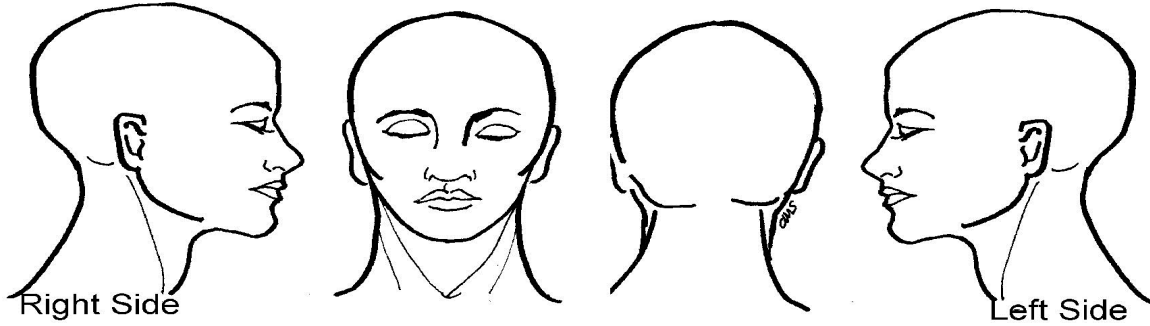
^^^
^^^
^^^

Aching

XXXXX
XXXXX
XXXXX

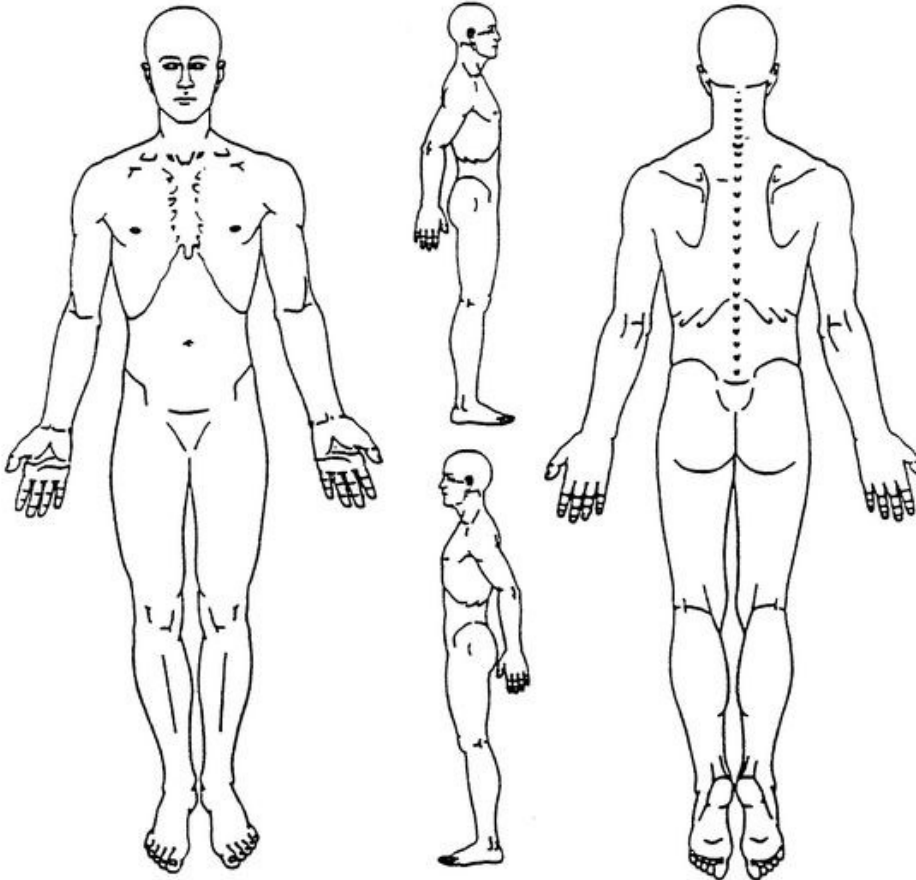
Stabbing

/////
/////
/////



No Pain |-----| Worst Pain Possible

Please make a slash through this line as to the level of your pain.



No Pain |-----| Worst Pain Possible

Please make a slash through this line as to the level of your pain.

Name _____

Date: _____

Patient Signature