

Name: _____ Date: _____

PAIN DIAGRAM

1. On the diagrams below, please use these symbols to identify your symptoms:

Aching o o o o

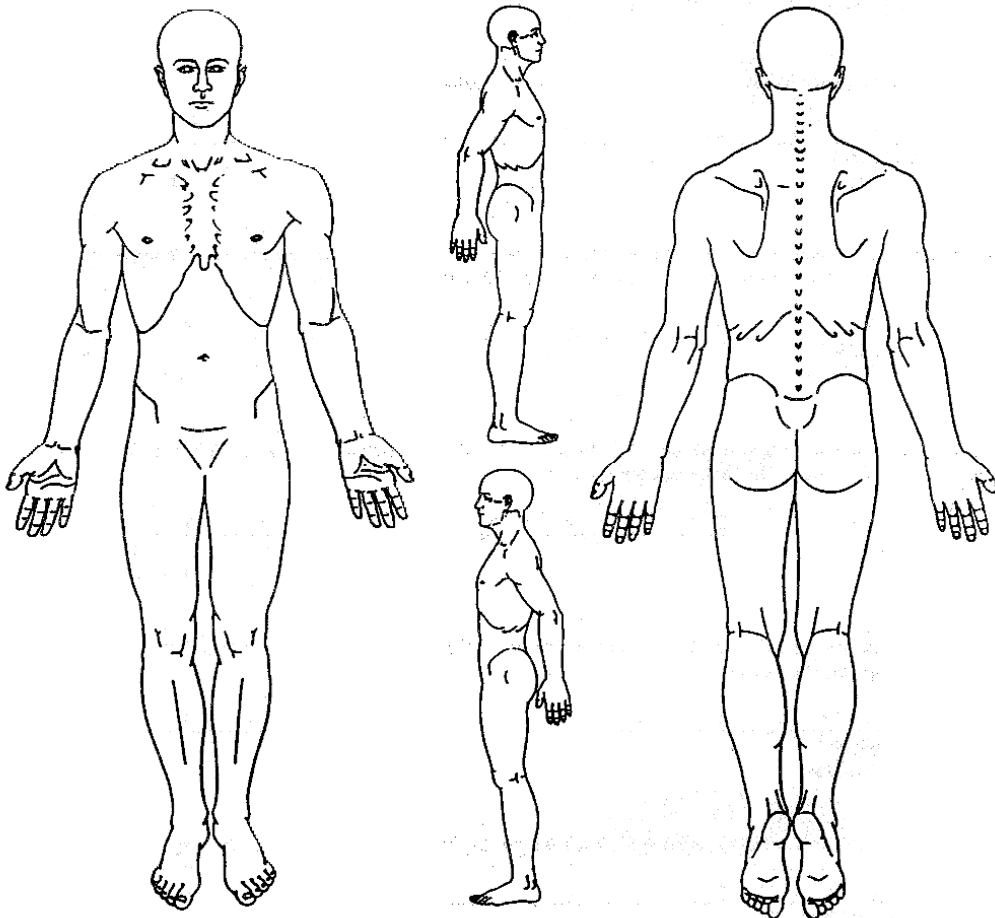
Burning x x x x

Numbness ■ ■ ■ ■

Stabbing | | | |

Pins & Needles o o o o

Stiffness + + + +



2. Please rate the level of your pain:

1 2 3 4 5 6 7 8 9 10



No Pain

Worst Pain
Imaginable