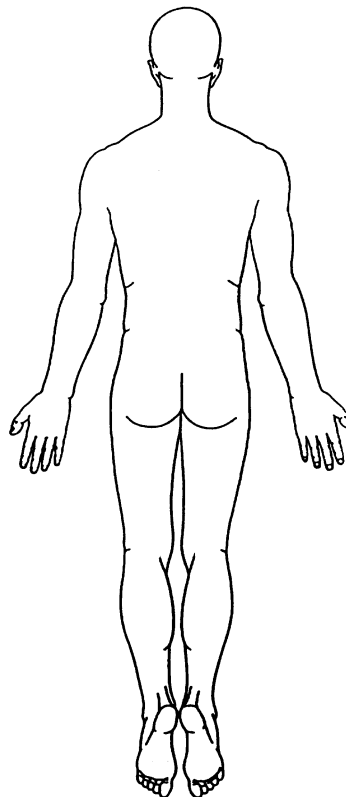
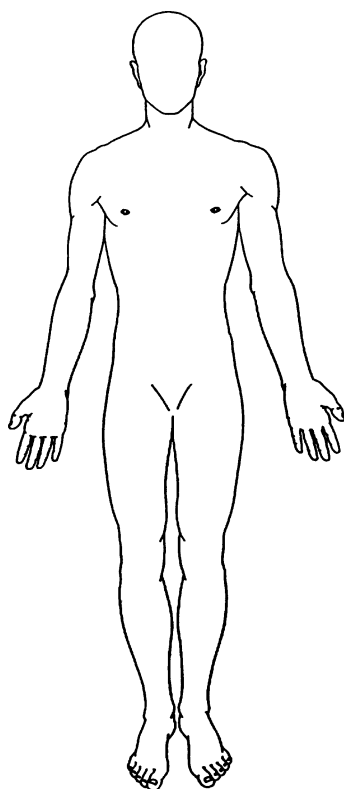


Pain Diagram

Name : _____ Date: _____

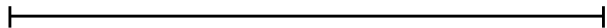
Draw the location of your pain on the figures below using the following symbols:

Ache ΛΛΛΛΛ ΛΛΛΛΛ	Burning = = = = = = = =	Numbness ○○○○○ ○○○	Pins and Needles • • • • • • • • •	Stabbing ////// //////	Other XXXXX XXX
------------------------	-------------------------------	--------------------------	--	------------------------------	-----------------------



A.

Pain Intensity Line



B.

Pain Intensity Line



C.

Pain Intensity Line



D.

Pain Intensity Line



No Pain
0

Worst Possible
10

Mark the level of pain you feel on a daily basis

IF THERE IS PAIN AT MORE THAN ONE AREA, PLEASE COMPLETE A PAIN INTENSITY LINE FORE EACH AREA.

Patient Signature: _____ Date: _____