

Pain Diagram

Please mark the areas on the picture below that correspond to the areas of your body where you feel the described sensations. Use the appropriate symbols. Mark areas of radiation. Include all affected areas.

Numbness

Tingling

OOOOO
OOOOO
OOOOO

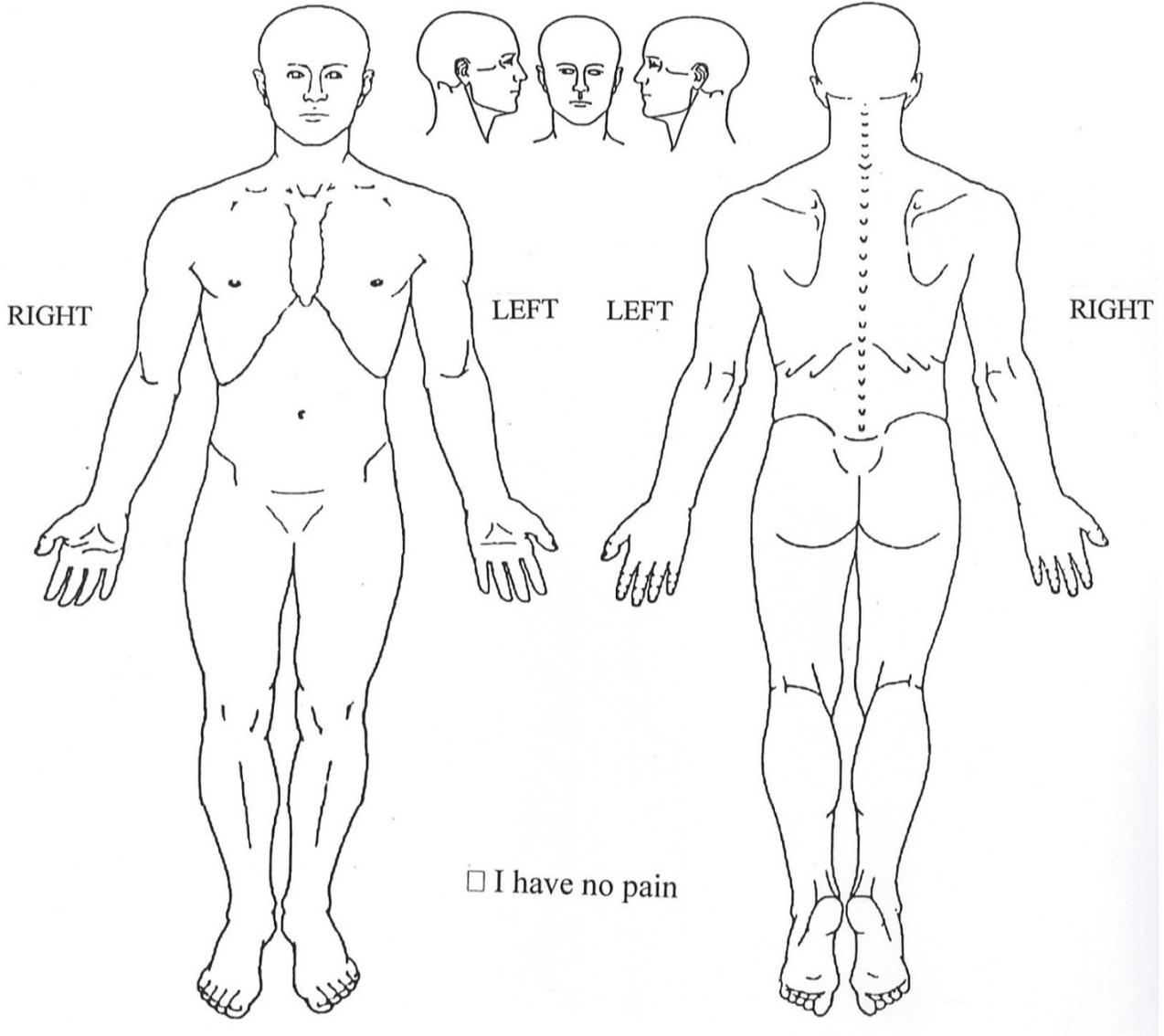
Burning

XXXXX
XXXXX
XXXXX

Aching

Stabbing

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



Place an **X** on the scale below to indicate your average level of pain:

0	1	2	3	4	5	6	7	8	9	10
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0 = No Pain

10 = Worst Pain Imaginable

Name _____
(PRINT)

Date _____