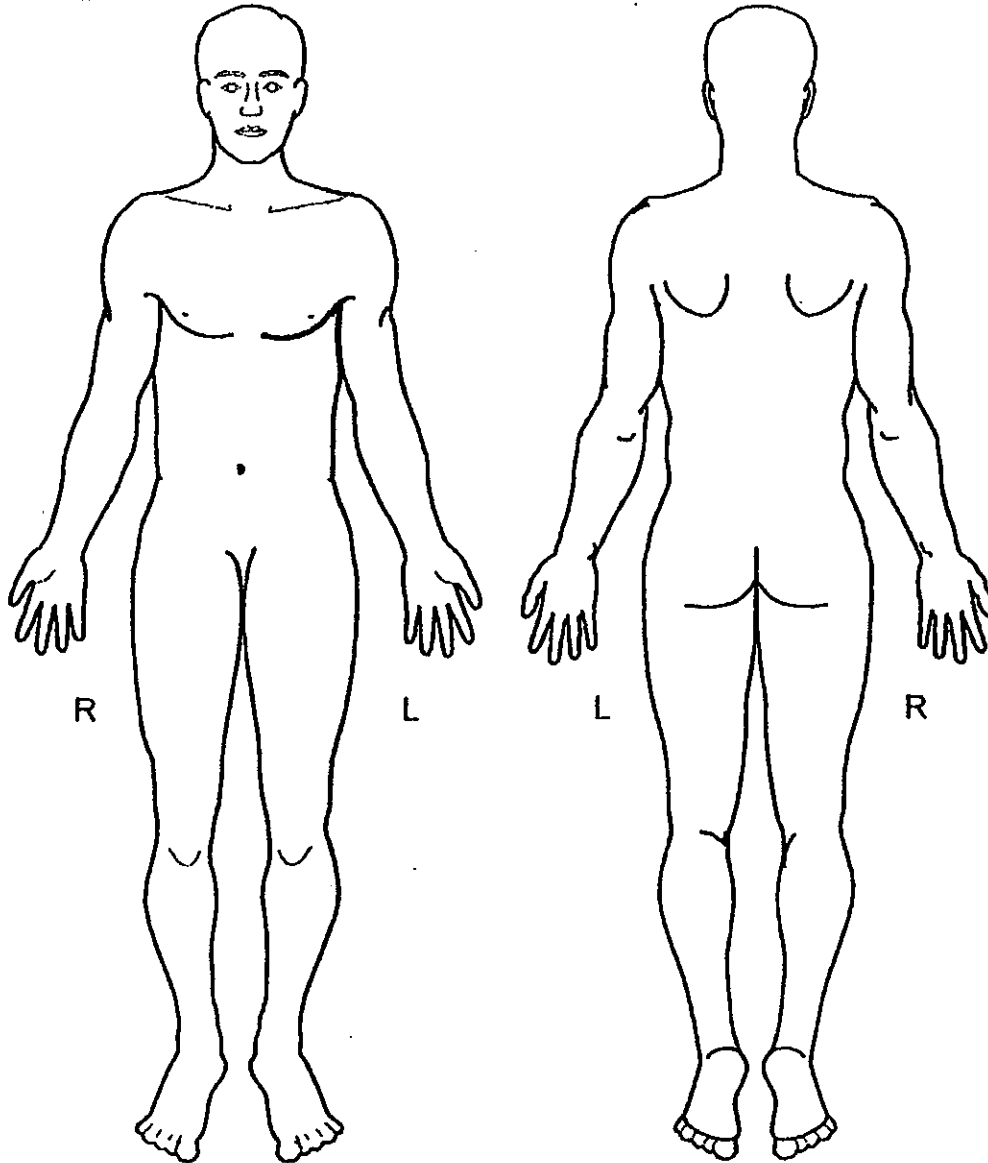


PAIN DIAGRAM

NAME: _____ DATE: _____

Utilizing symbols below, mark the areas on your body where you feel the described sensations. Include all affected areas.

NUMBNESS	PINS & NEEDLES	BURNING	STABBING	ACHING/PAIN
=====	0000000000	XXXXXXXXXX	////////////////	+++++++
=====	0000000000	XXXXXXXXXX	////////////////	+++++++



Please indicate your pain level utilizing the chart below.

