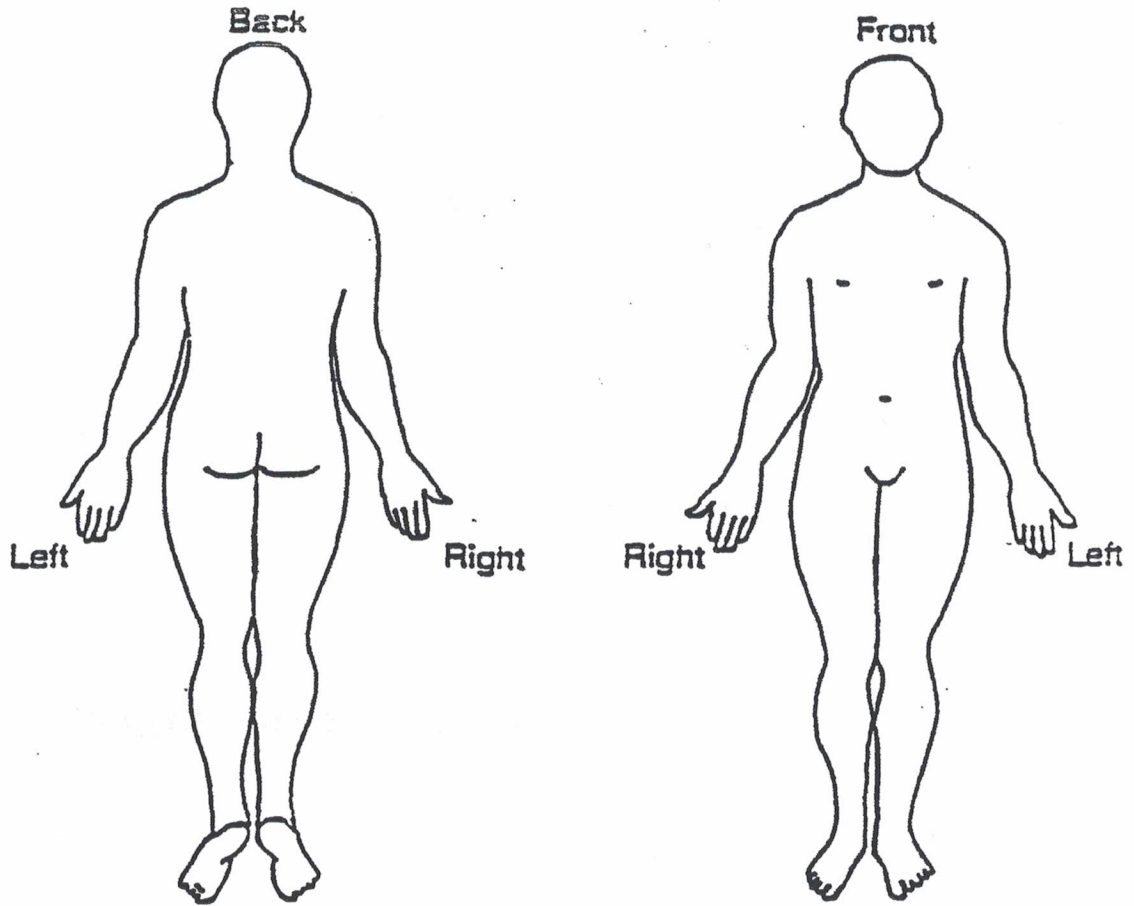


## Pain Diagram

Patient's Name: \_\_\_\_\_

Please use the appropriate symbols to draw the location of your pain on the outlines.

Ache	Burning	Numbness	Pins & Needles	Stabbing	Stiffness	Other
AAA	BBB	NNN	.....	SSS	XXX	OOO



No Pain | \_\_\_\_\_ | Worst Pain Possible

*Please draw a slash through this line to indicate the intensity of your pain.*

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_