

Name: _____ Date: _____

PAIN DIAGRAM

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

Aching

∩∩∩∩

Burning

x x x x

Sharp Pain

| | | |

Numbness

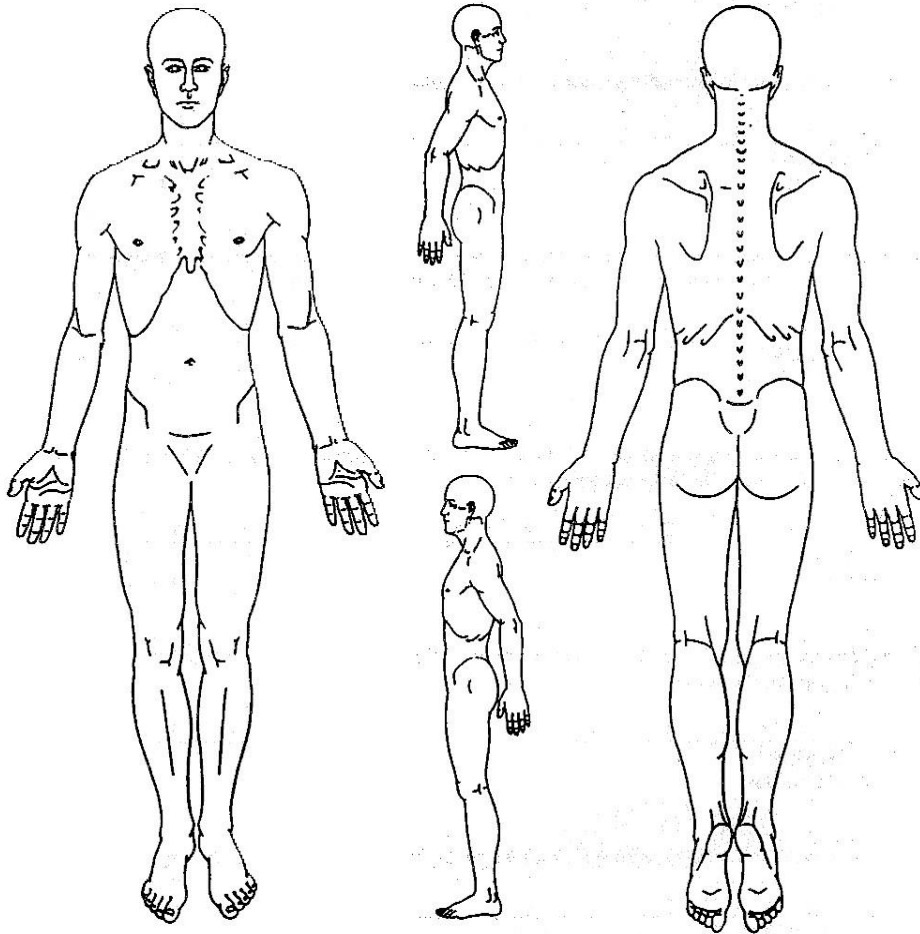
■ ■ ■ ■

Tingling

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**