

PAIN DIAGRAM

Name: _____ Date: _____

Please use the following symbols to mark off the areas of your complaint on the diagrams below.

- | | | | |
|------|------------------|------|-----------|
| nmn | Aching | xxx | Burning |
| ---- | Numbness | //// | Stabbing |
| 000 | Pins and Needles | +++ | Stiffness |

