

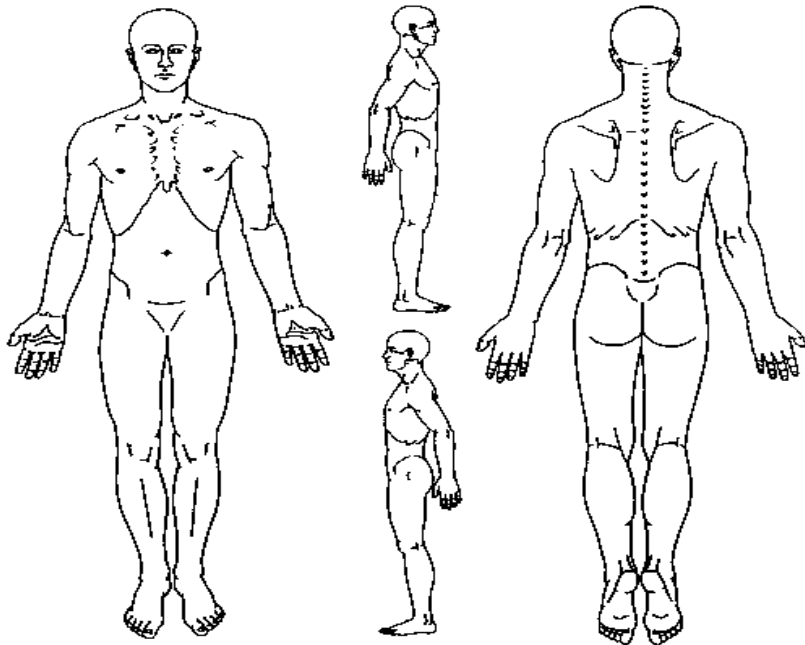
PAIN DIAGRAM

NAME: _____

DATE: _____

How long have you had pain? ___years ___months ___weeks

Using the key below, please indicate where you are experiencing pain or other symptoms on the diagrams.



A = ACHE
B = BURNING
N = NUMBNESS

P = PINS & NEEDLES
S = SHARP/STABBING
O = OTHER

***If other(s), please explain:**
