

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PAIN DIAGRAM

On the diagrams below mark where you are experiencing pain, right now. Use the letters below to indicate the type and location of your sensations.

Key: A – ACHE

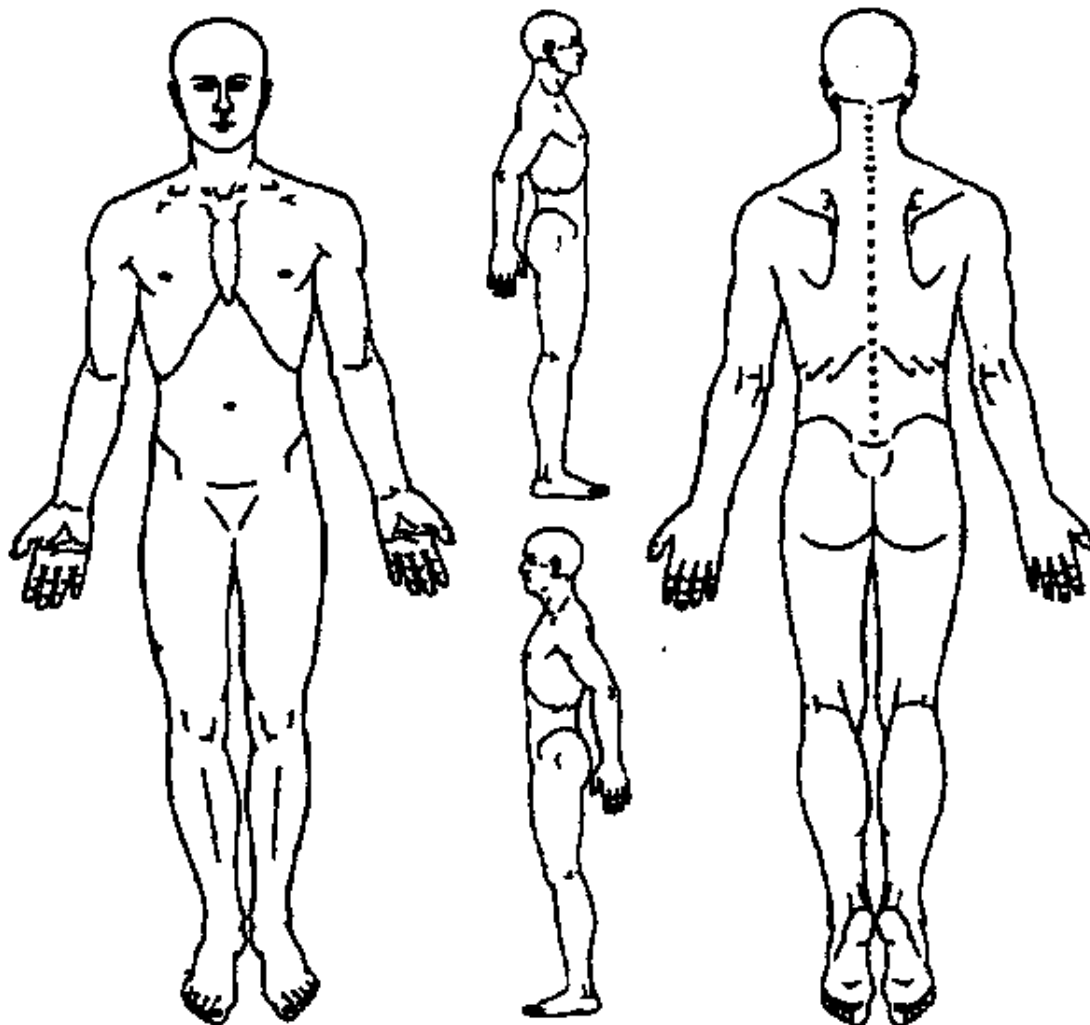
P – PINS & NEEDLES

B – BURNING

S – STABBING

N – NUMBNESS

O – OTHER



## PAIN SCALE

Rate the severity of your pain by checking one box on the following scale.

No Pain										Worst Possible Pain	
0	1	2	3	4	5	6	7	8	9	10	