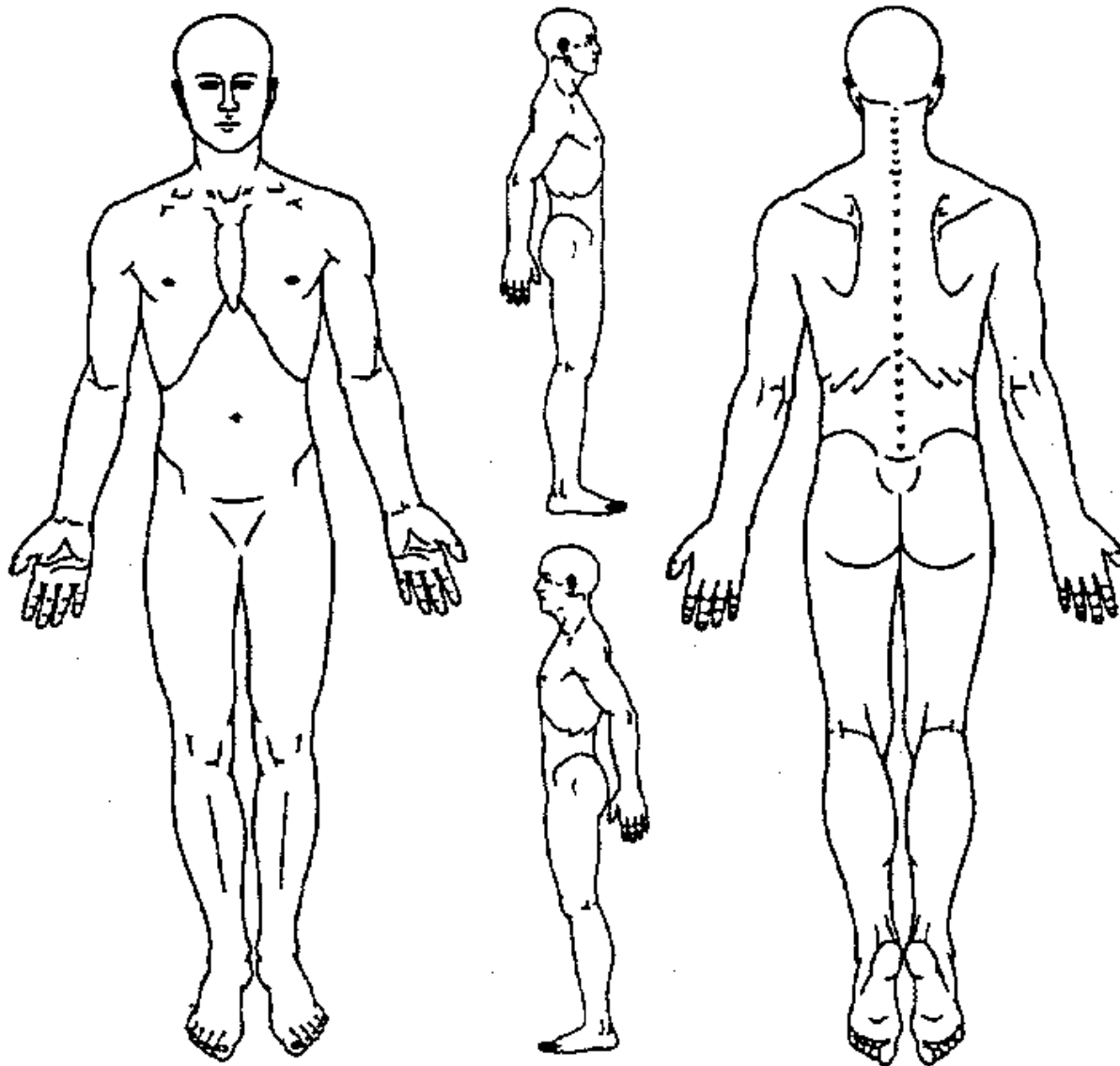


Name: _____ Date: _____

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 B – BURNING N – NUMBNESS
P – PINS & NEEDLES S – STABBING 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