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

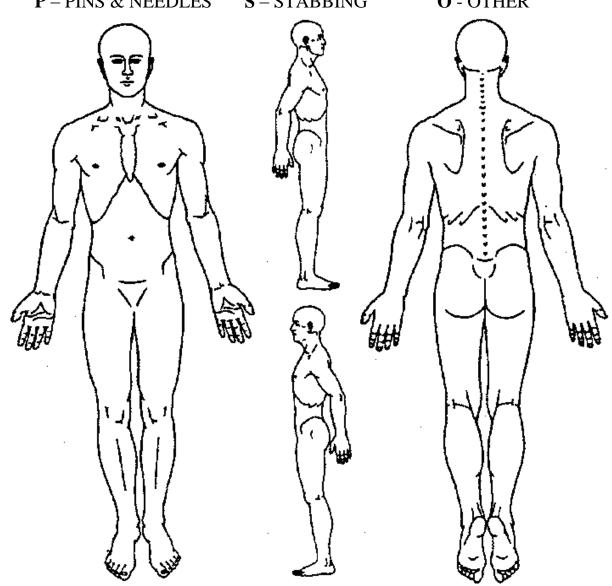
P – PINS & NEEDLES

 \mathbf{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										rst Possii Pain
0	1	2	3	4	5	6	7	8	9	10