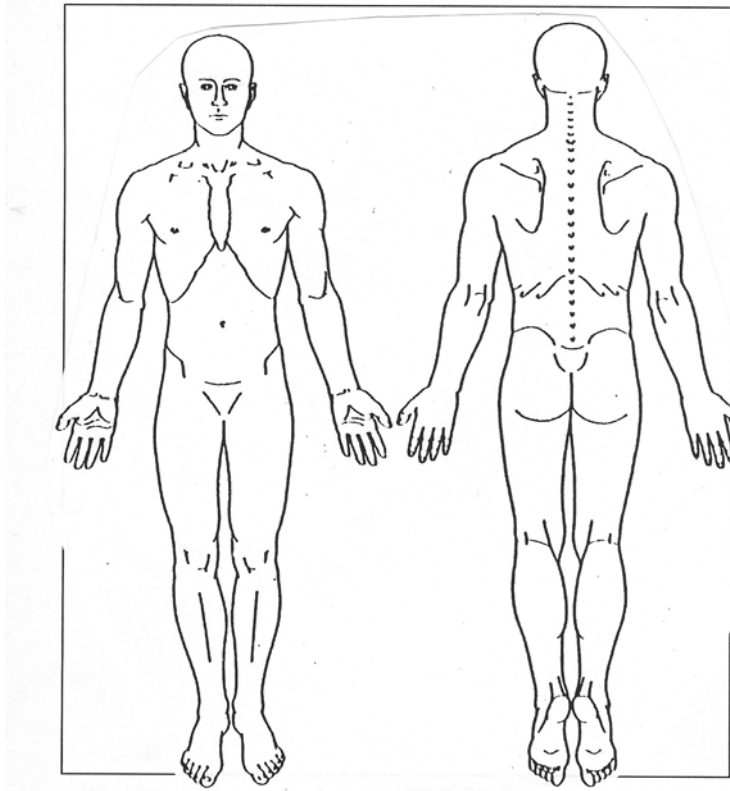


PAIN DIAGRAM



SENSATION:				
SHARP	BURNING	DULL PAIN	NUMB (Decreased feeling or no feeling)	PINS & NEEDLES (Tingling feeling asleep)
XXXX	++++	////	OOO	^^^
XXXX	++++	////	OOO	^^^

- 1) Where does it hurt? Please draw areas of pain or symptoms you are experiencing now or the past 2 weeks.
- 2) How does it feel? Use the symbols above to show how it feels.
- 3) Label the areas. Label areas of symptoms 1, 2, 3 if there is more than one.
- 4) How much does it hurt? Use a pen to draw a line from left, "No Pain" to right "Extreme Pain" to indicate how strong the pain, or symptom is.

EXAMPLE |

No Pain Extreme Pain

Area 1

No Pain Extreme Pain

Area 2

No Pain Extreme Pain

Area 3

No Pain Extreme Pain

Sign your name: _____ Today's Date: _____ Date of Injury or onset: _____ Chronic

NOTE: If this is an new injury or new symptom, including an exacerbation of a symptom you have had previously, please describe what happened, when it happened and where it happened on the back side of this sheet.