

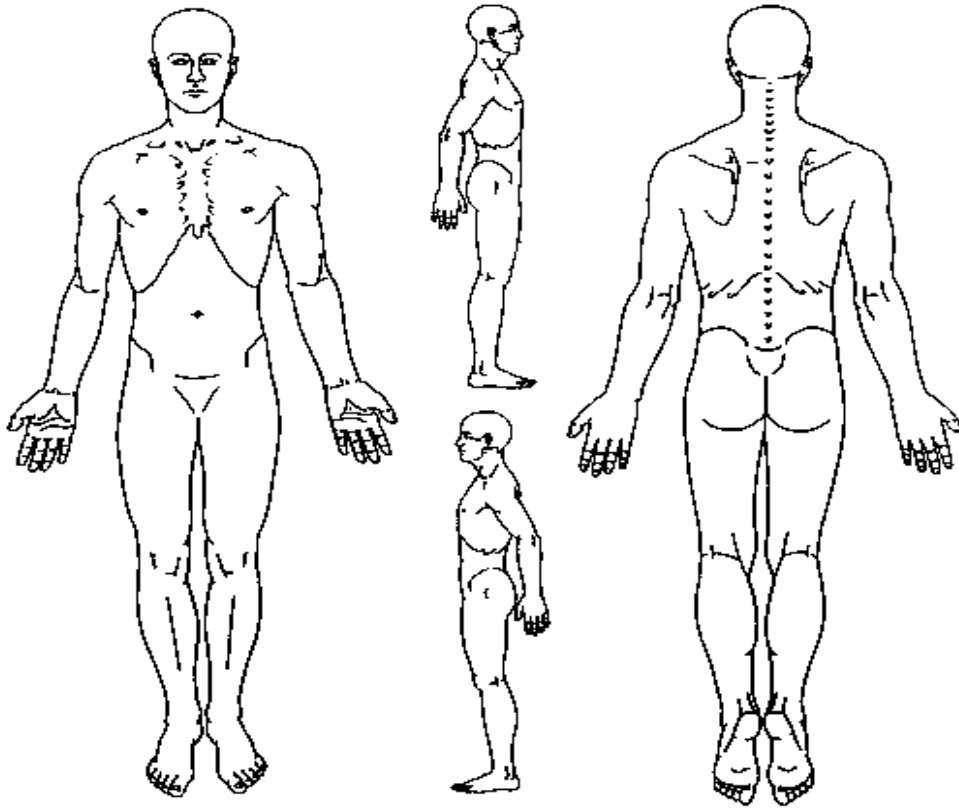
**PAIN DIAGRAM**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

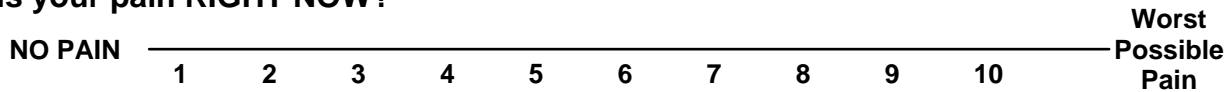
How long have you had pain \_\_\_\_ years \_\_\_\_ month(s) \_\_\_\_ weeks

On the diagram below, please indicate where you are experiencing pain or other symptoms, right now.

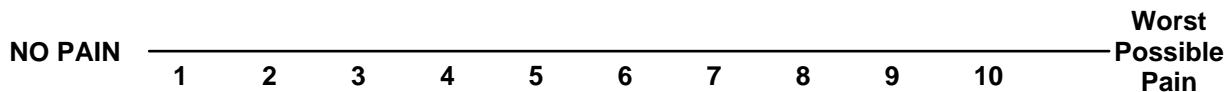


**A = ACHE**                      **B = BURNING**                      **N = NUMBNESS**  
**P = PINS & NEEDLES**        **S = STABBING**                      **O = OTHER**

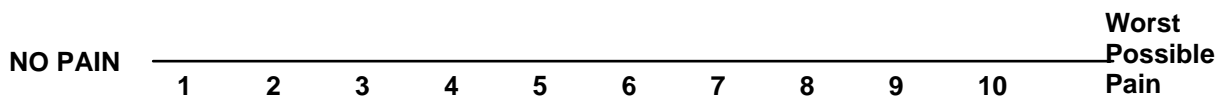
**What is your pain RIGHT NOW?**



**What is your TYPICAL or AVERAGE pain?**



**What is your pain level AT ITS BEST (How close to "0" does your pain get at its best)?**



**What is your pain level AT ITS WORST (How close to "10" does your pain get at its worst)**

