

Patient Name: _____ File #: _____ Date: _____

In the diagrams below, please mark the areas on your body, which you feel best represents the pain(s) or sensation(s) you are experiencing. Please include all areas. Use the symbols provided below. Please draw in the face on the diagram.

Symbols:

Numbness □ □ □ □ □

Pins and Needles ○ ○ ○ ○ ○

Burning x x x x x

Sharp & Stabbing ~ ~ ~ ~ ~

Dull & Aching △ △ △ △ △

Stiff & Tight 2 2 2 2 2

