

# PAIN DIAGRAM

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:**

Below is a diagram of a body, front and back. Please use the symbols below to mark on the diagram where you feel your symptoms. After completing this diagram, please answer the questions below.

xxx Dull Achy	=== Numbness	^^^ Pins/Needles
/// Sharp/Stabbing	000 Stiffness	☐☐☐ Other _____

