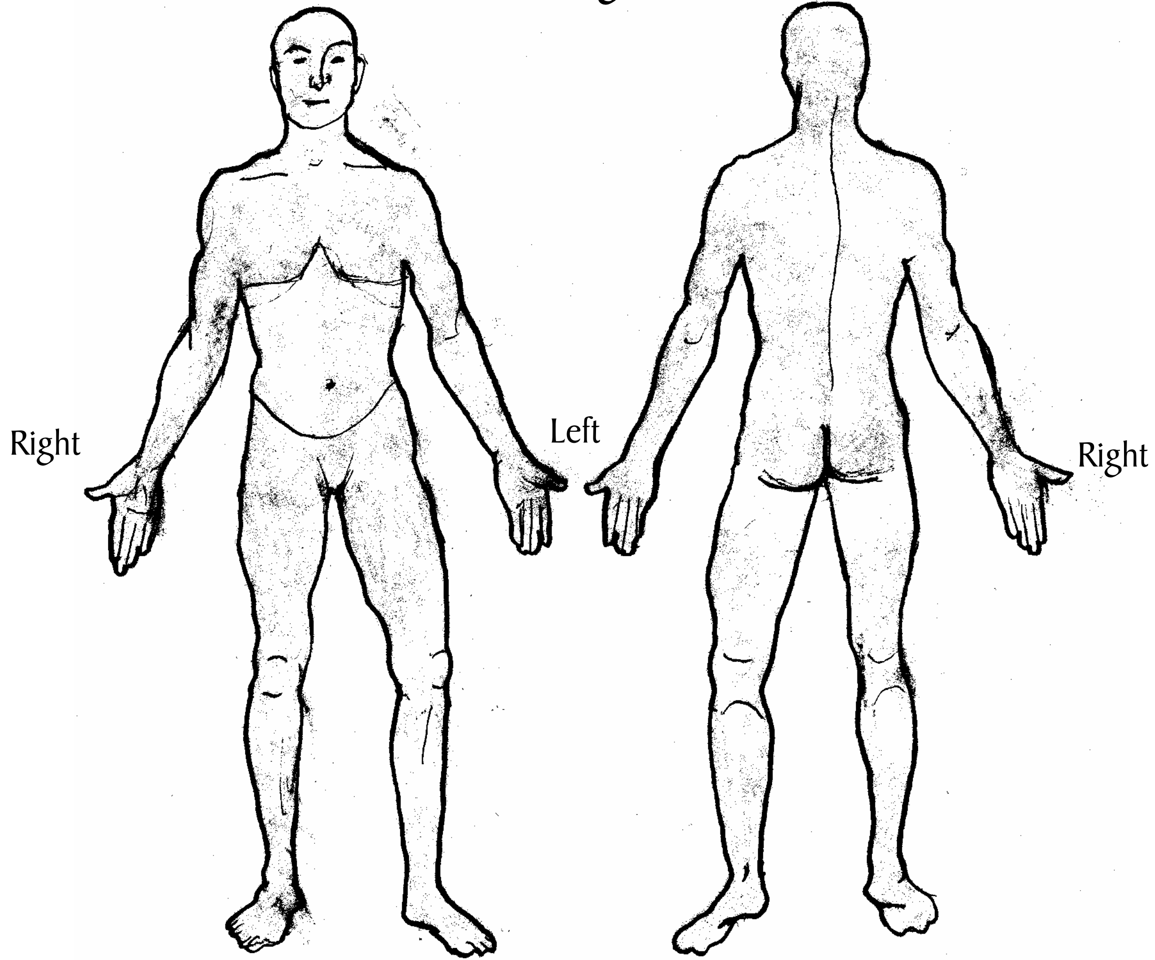
Pain Diagram



Please mark areas where you feel the following symptoms:

XXX	Numbness
/ / /	Burning
o o o	Stabbing
\ \ \	Aching

Patient Name ________________ Date ________________ Signature ________________