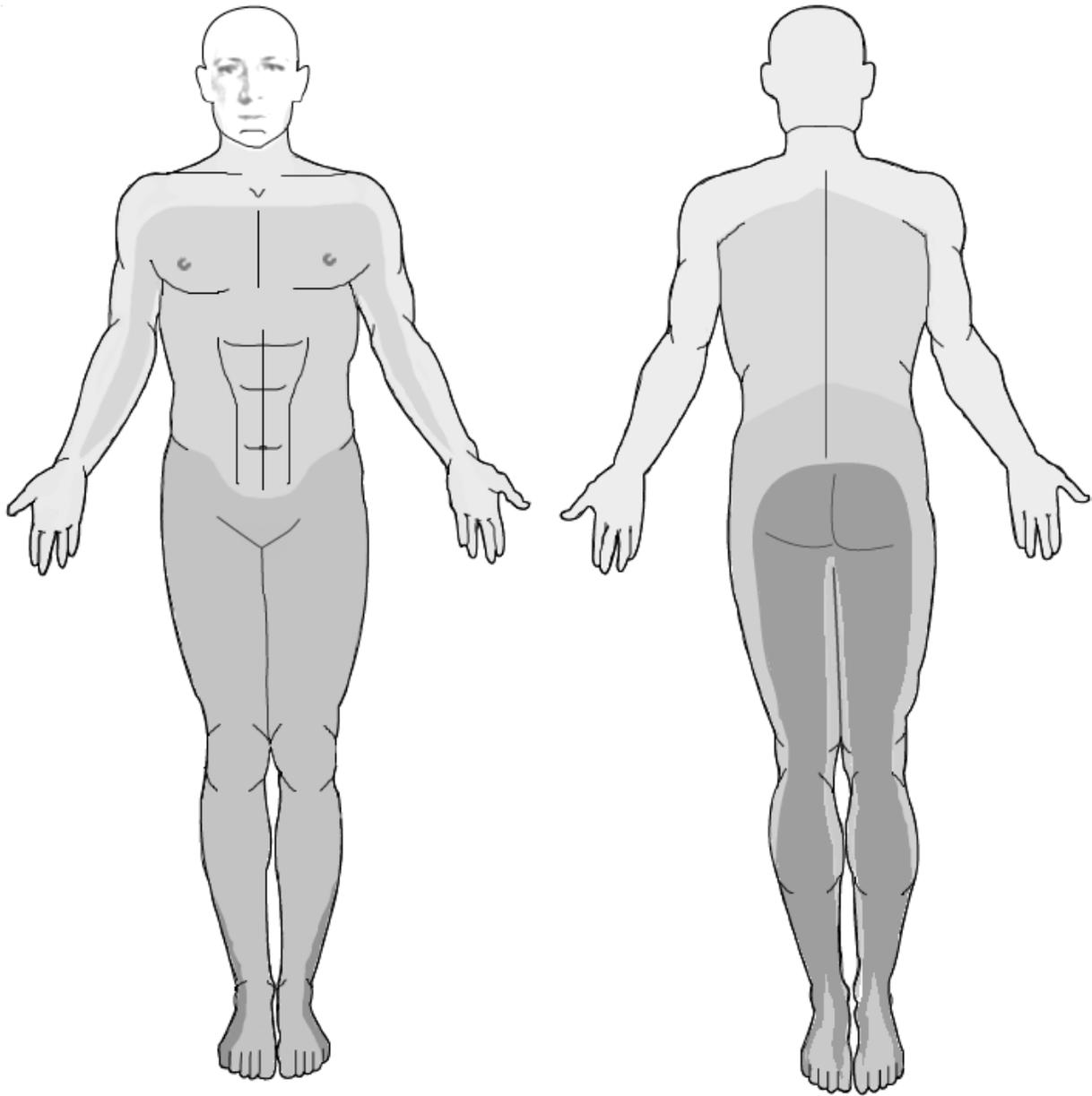*Name*_____*Date*_____

PAIN DIAGRAM

Instructions: Please use the key below to indicate where you are experiencing pain or other symptoms, right now. Please complete both sides of this form.

A = ache   **B** = burning   **N**=numbness

P=pins & needles   **S**=sharp/stabbing   **O**=other