

Name: _____

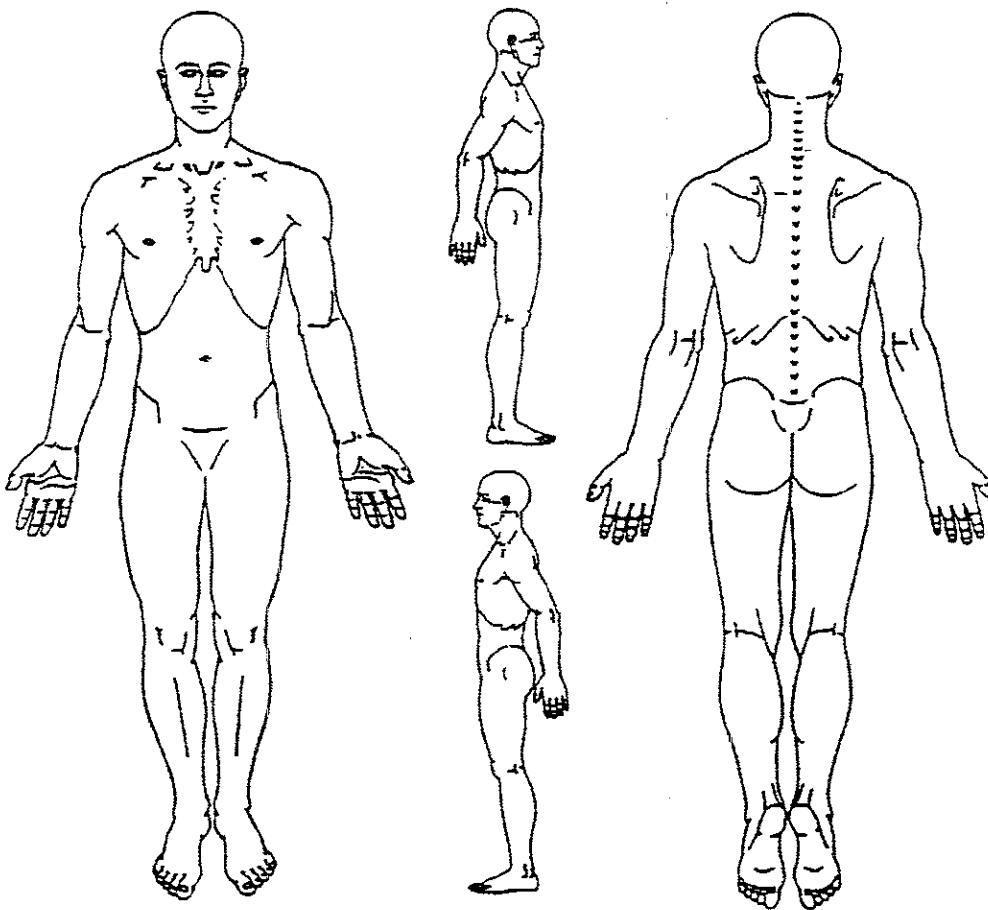
Date: _____

Body Diagram

Instructions:

On the body diagram, please indicate where your pain is located at the present time using the **Key** below. Please do not indicate areas of pain that are not related to your present injury or condition.

Key: A = Ache B = Burning N = Numbness S = Stabbing P = Pins and Needles O = Other



Circle your current level of pain on the line below.

