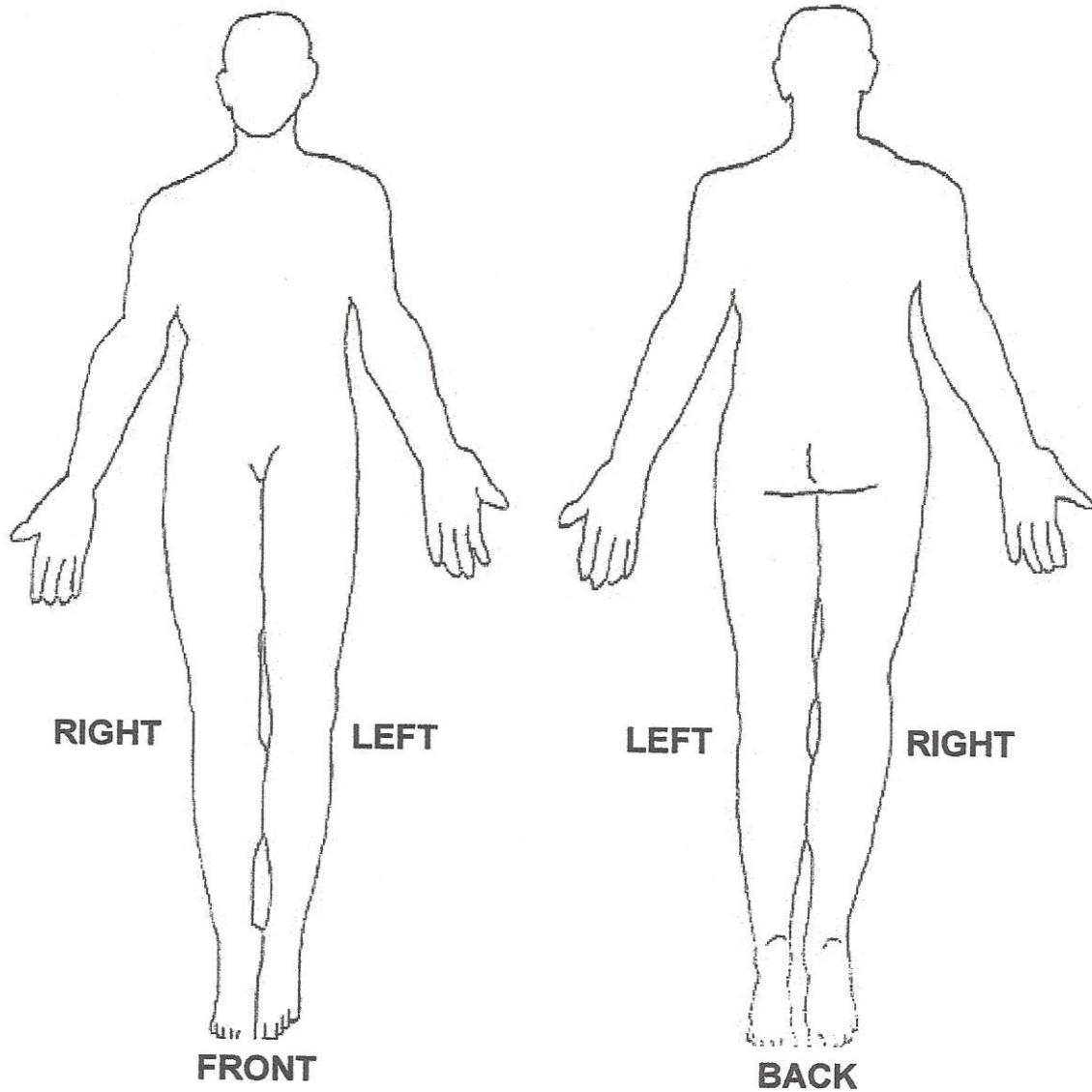


PAIN BODY DIAGRAM



Pain Intensity 0 1 2 3 4 5 6 7 8 9 10

Type of Pain: Aching Dull Throbbing Sharp Burning Numbness Tingling Shooting Radiating

Duration of Pain: Constant
 Most of Time
 Comes and Goes
 Once in a While
 Hardly Ever

Patient Signature: _____ Date: _____ Time: _____