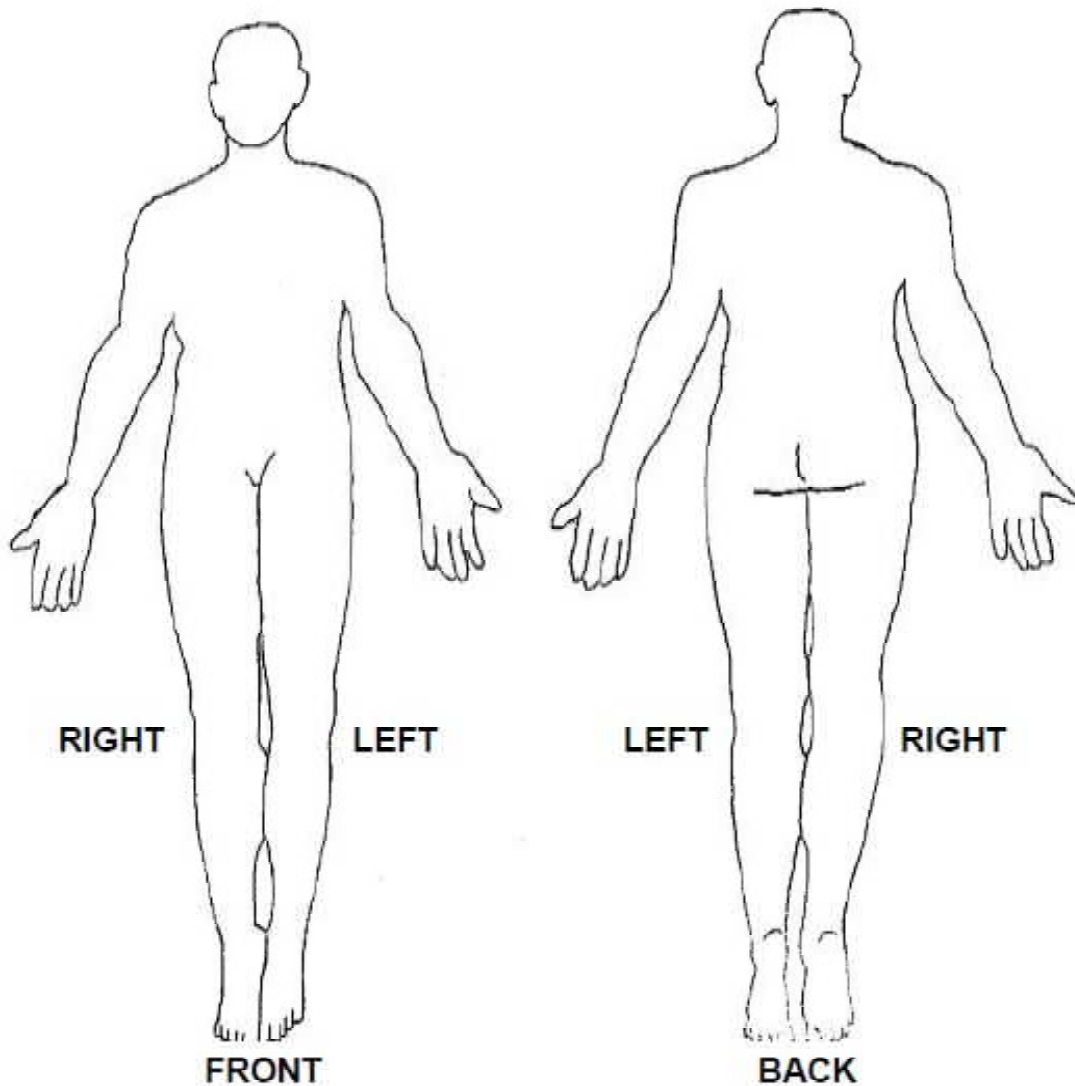


PAIN BODY DIAGRAM



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: _____

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Pain Body Diagram



(Rev. 10/10)

PAINBODYDIAG