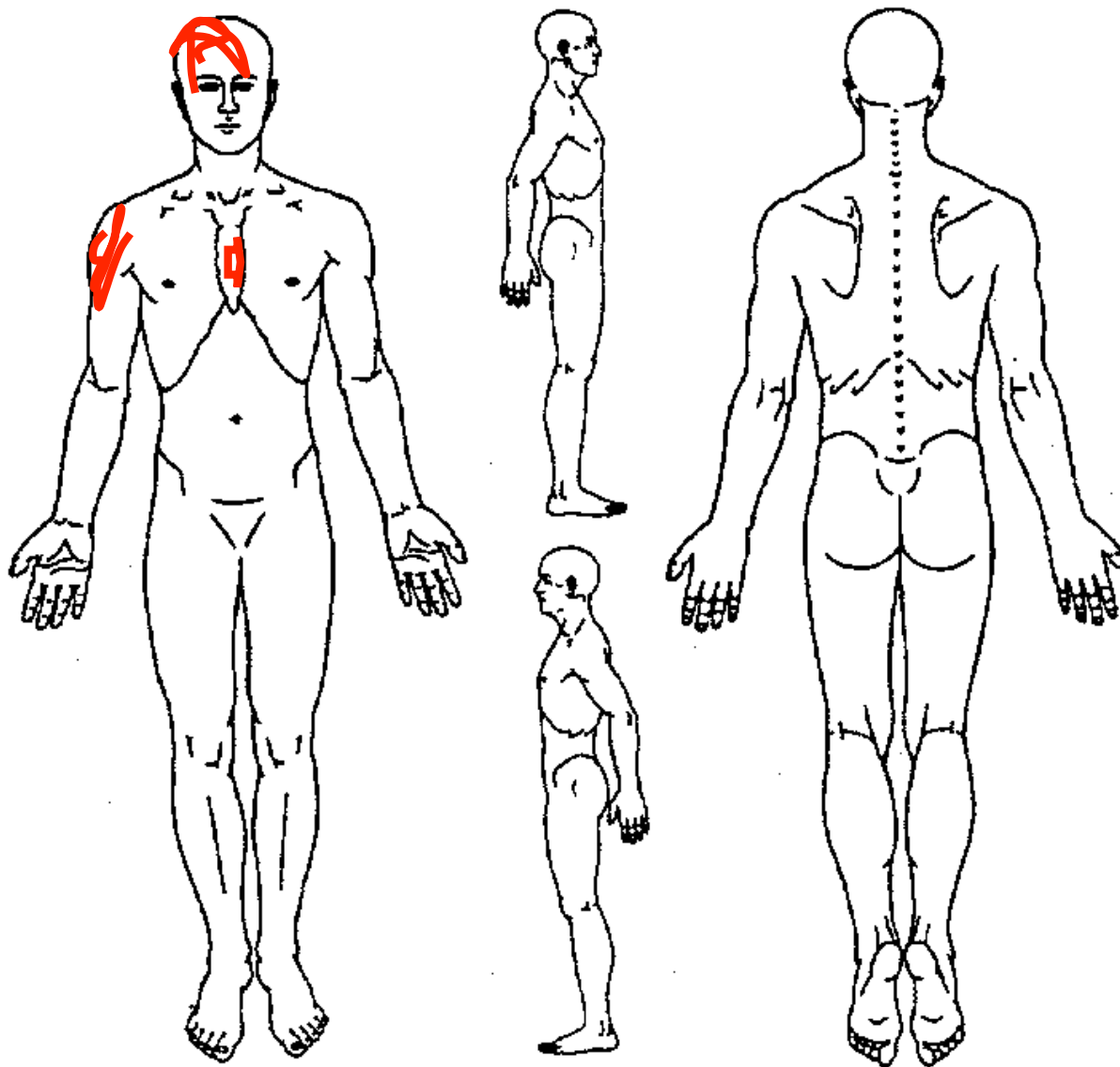Name: *mick grant test*   Date:

PAIN DIAGRAM

On the diagrams below mark where you are experiencing pain, right now. Use the letters below to indicate the type and location of your sensations.

Key: **A** – ACHE   **B** – BURNING   **N** – NUMBNESS
      P – PINS & NEEDLES   **S** – STABBING   **O** - OTHER

PAIN SCALE
Rate the severity of your pain by checking one box on the following scale.

No Pain   Worst Possible
                                                                         Pain

0	1	2	3	4	5	6	7	8	9	10