

Dr. Grace E. Lohr

# PAIN DIAGRAM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please use the following symbols to mark off the areas of your complaint on the diagrams below.

- |      |                  |      |           |
|------|------------------|------|-----------|
| nmn  | Aching           | xxx  | Burning   |
| ---- | Numbness         | //// | Stabbing  |
| 000  | Pins and Needles | +++  | Stiffness |

