



Symptom Diagram

Patient's Name: _____ Date: _____

In the diagram provided below, please mark the areas on your body, which you feel best represents the pain(s) or sensation(s) you are experiencing. Please include **all** areas. Use the symbols provided below. In addition, please **draw in your face** to complete the diagram.

Symbols:

Numbness ≡≡≡≡

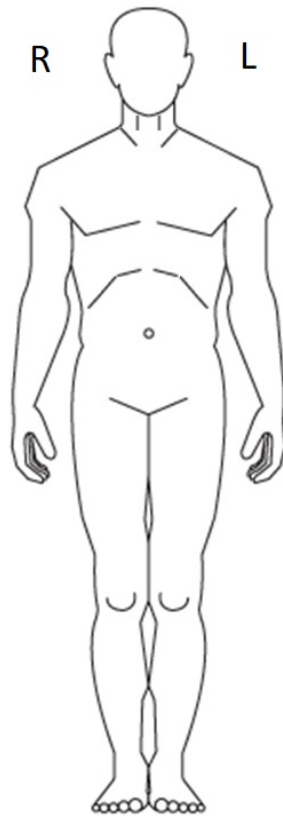
Pins & Needles ○○○○○

Burning x x x x x x

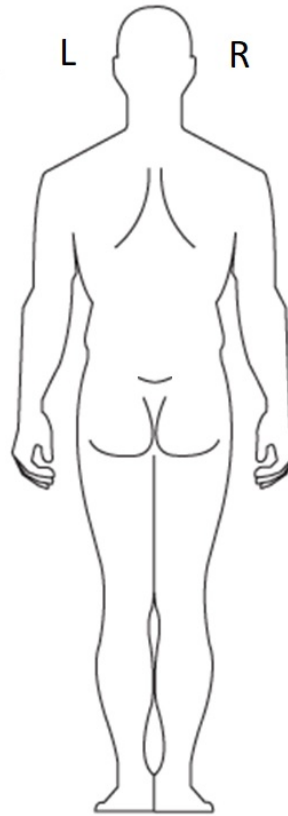
Sharp & Stabbing ~~~~~

Dull & Aching △△△△△

Stiff & Tight 2 2 2 2 2



Front



Back