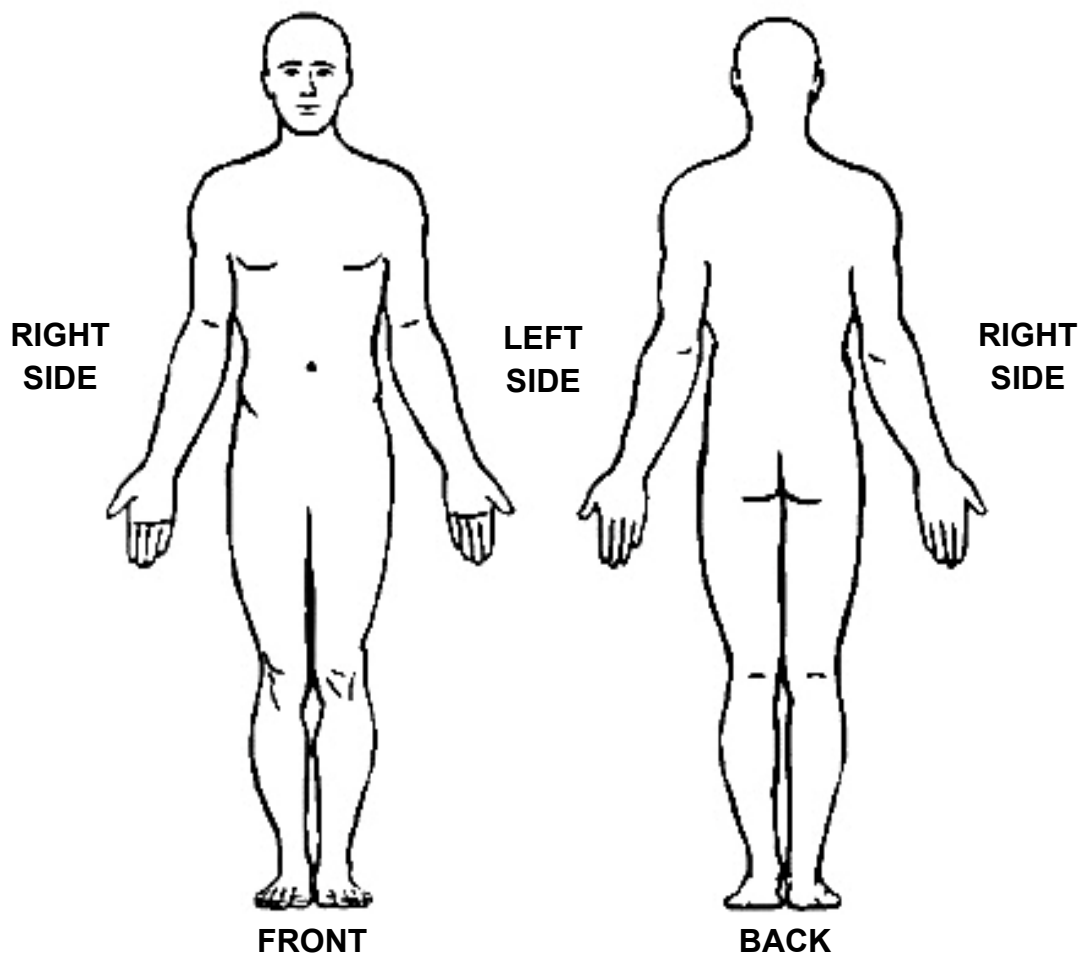# PAIN ASSESSMENT DIAGRAM

| NAME: | DATE: |
|---|---|

1. Please fill in the figure with the appropriate colours or symbols to indicate the **location** and **type of symptoms** you are experiencing.

| ACHING | STABBING | BURNING | PINS&NEEDLES | NUMBNESS | OTHER |
|---|---|---|---|---|---|
| ///////////// | xxxxxxxxxxxxx | +++++++++++ | - - - - - - - - - - - - - | ooooooooooo | ^^^^^^^^^^ |
| Blue | Green | Red | Purple | Yellow | Black |

RIGHT SIDE          LEFT SIDE          RIGHT SIDE

FRONT          BACK

2. Please mark the **severity** of your pain on the scale below (0 = no pain, 10 = worst imaginable)

00  01  02  03  04  05  06  07  08  09  10