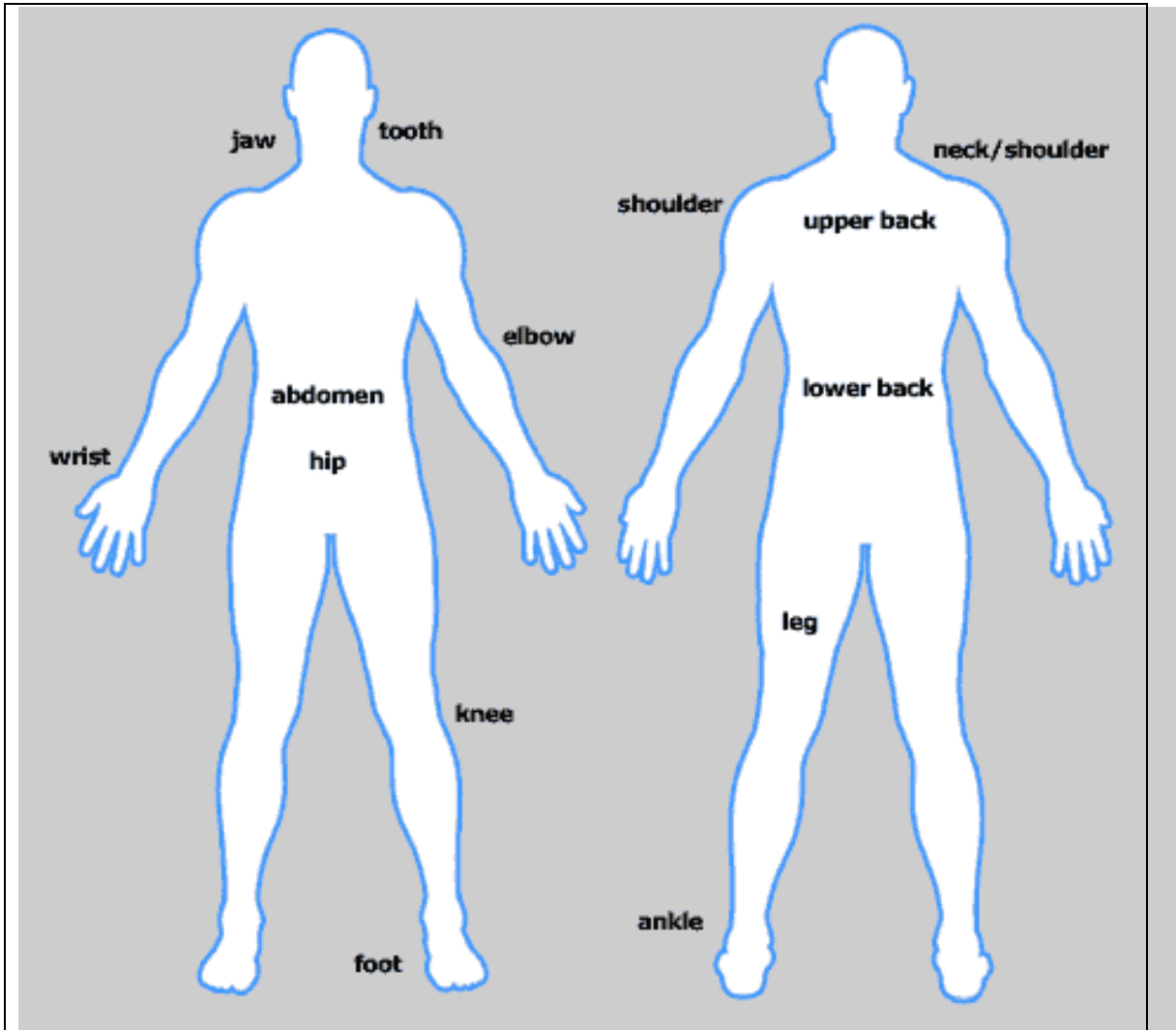


**REHABHEALTH
PAIN DIAGRAM**

NAME _____

DATE _____



Please mark the diagram where you have:

Pain with xxxxx marks

Numbness or tingling with ////////////// marks

You can add additional information such as,

“D” for dull aching pain

“S” for sharp or stabbing-type pain

“E” for electric-like shooting pain