

Name: _____ Date: _____

Please describe any discomfort you have: type of pain and location

Use the symbols below to accurately mark the areas in which you feel these sensations.

Sharp/Stabbing - ||||

Burning - XXX

Numbness - =====

Throbbing: $\triangle\triangle\triangle$

Tingling - ::::

Cramping - ^^^

Dull/Ache - #####

Shooting: - - - -

