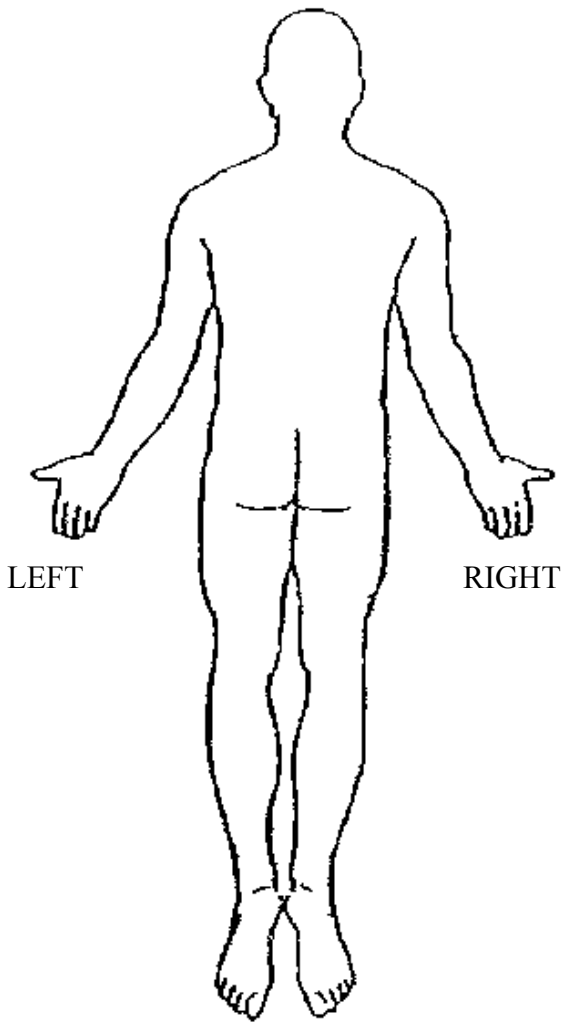


# VALLEY OCCUPATIONAL HEALTH

## PAIN DIAGRAM

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

Using the symbols below, mark the areas on your body where you feel the described sensations. Indicate the severity of the pain on a scale of 1 to 10.



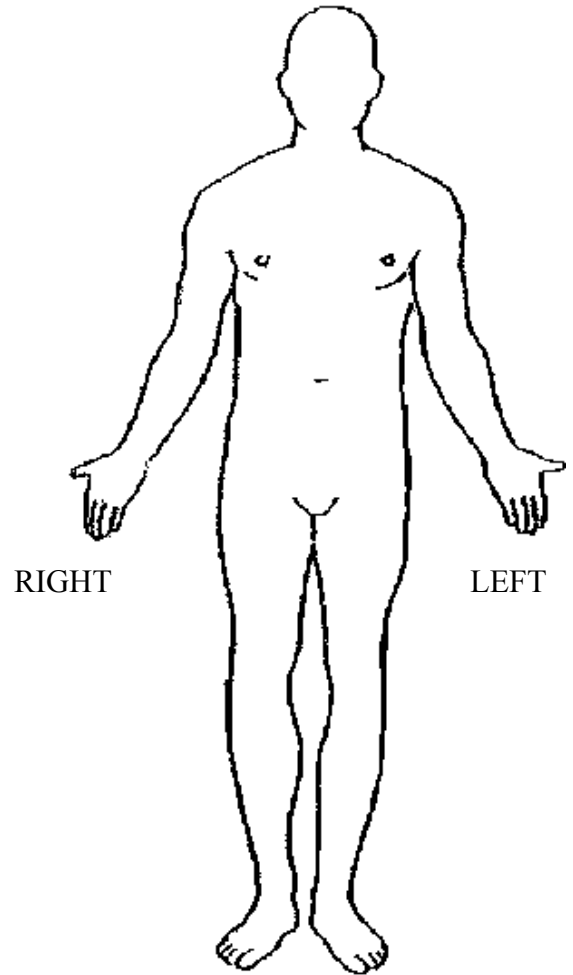
Numbness  
NNNNN

Stabbing  
SSSSS

Pins and Needles  
PPPPPP

Burning  
BBBBB

Aching  
AAAAA



Rate Overall / Average pain Levels



0 1  
None



2



3 4  
Mild



5 6  
Moderate



7 8



9 10  
Severe