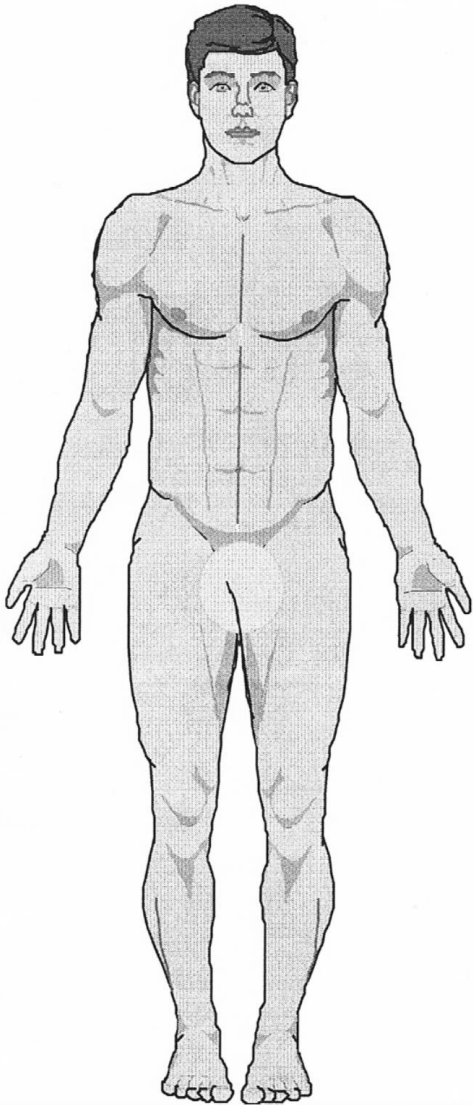


PAIN DIAGRAM

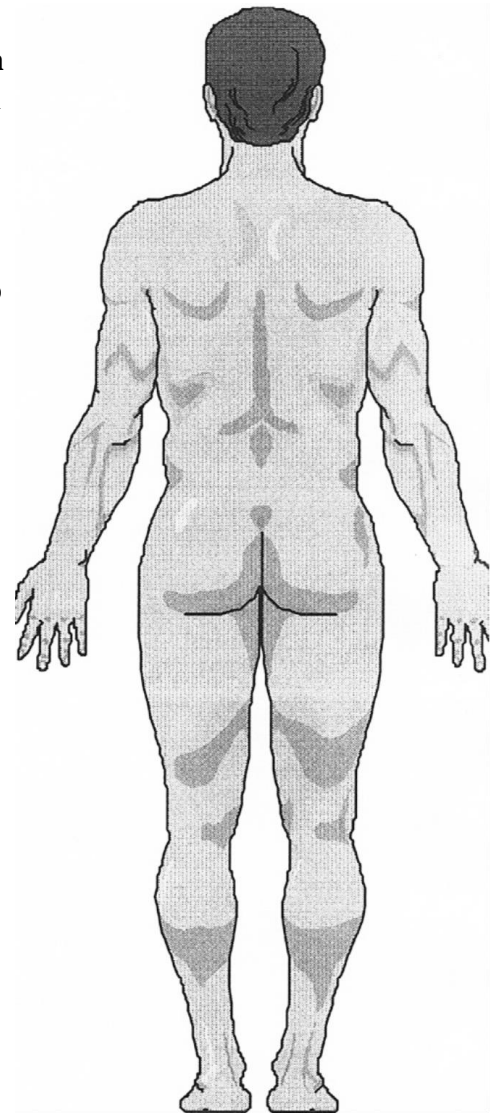
NAME _____ DATE _____

On the diagram below, please mark where you are experiencing pain right now.

Favor de indicar en el diagrama todos los lugares donde esta experimentando dolor.



- **Aching** nnnnnnnn
- **Dolor** nnnnnnnn
- **Numbness** -----
- **Adormecimiento**
- **Pins/Needles** oooo
- **Punzón de agujas**
- **Burning** xxxxxx
- **Ardor** xxxxxxxx
- **Stabbing** //////////////
- **Punzonez** //////////////
- **Stiffness** +++++
- **Entumecimiento**



Signature _____

Date _____