

Michael Moon, M.D.  
Saiyun Hou, M.D.

**PAIN DIAGRAM**

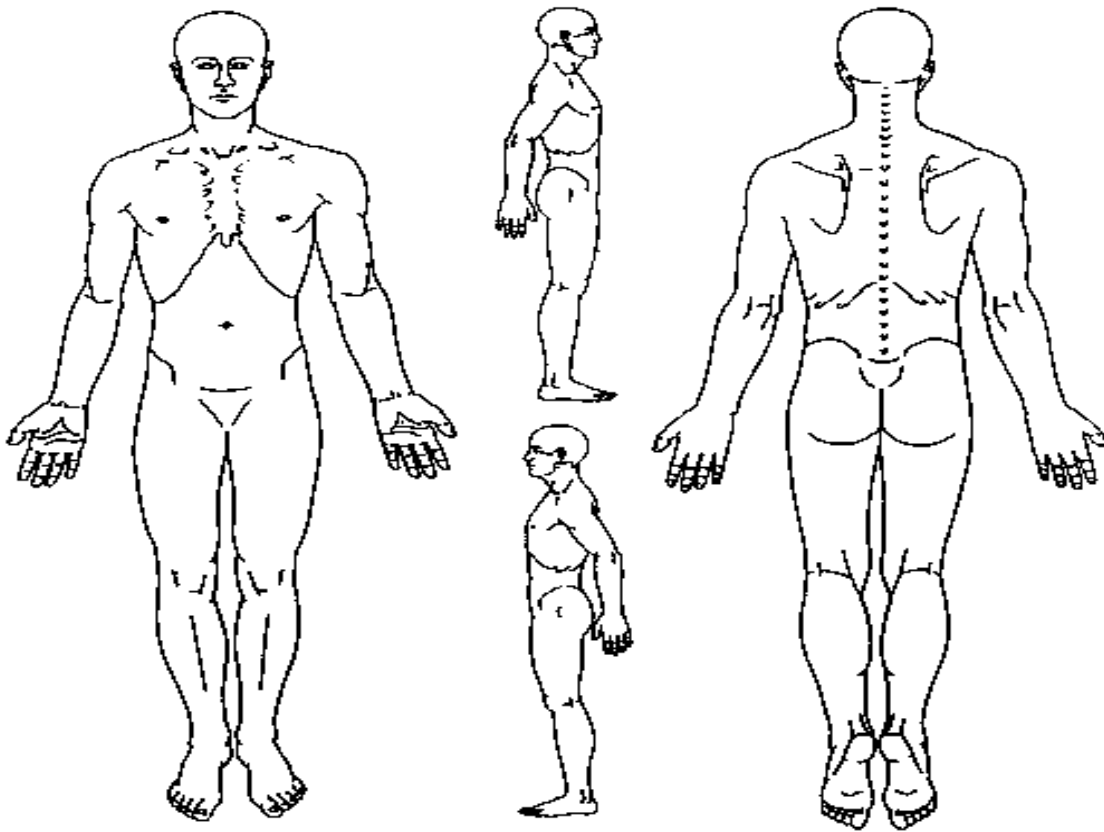
On the diagram below, please indicate where you are experiencing pain or other symptoms, **RIGHT NOW**,

by marking **X**, **Z**, or **O**

X = PAIN

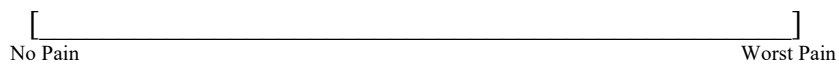
Z = BURNING/TINGLING

O = NUMBNESS



On the pain scale below, please mark your level of pain by drawing a VERTICAL LINE within the scale.

What is your level of pain?



**Patient Name:** \_\_\_\_\_  
(Please Print)

**Date:** \_\_\_\_\_

**INTERPRETER:**