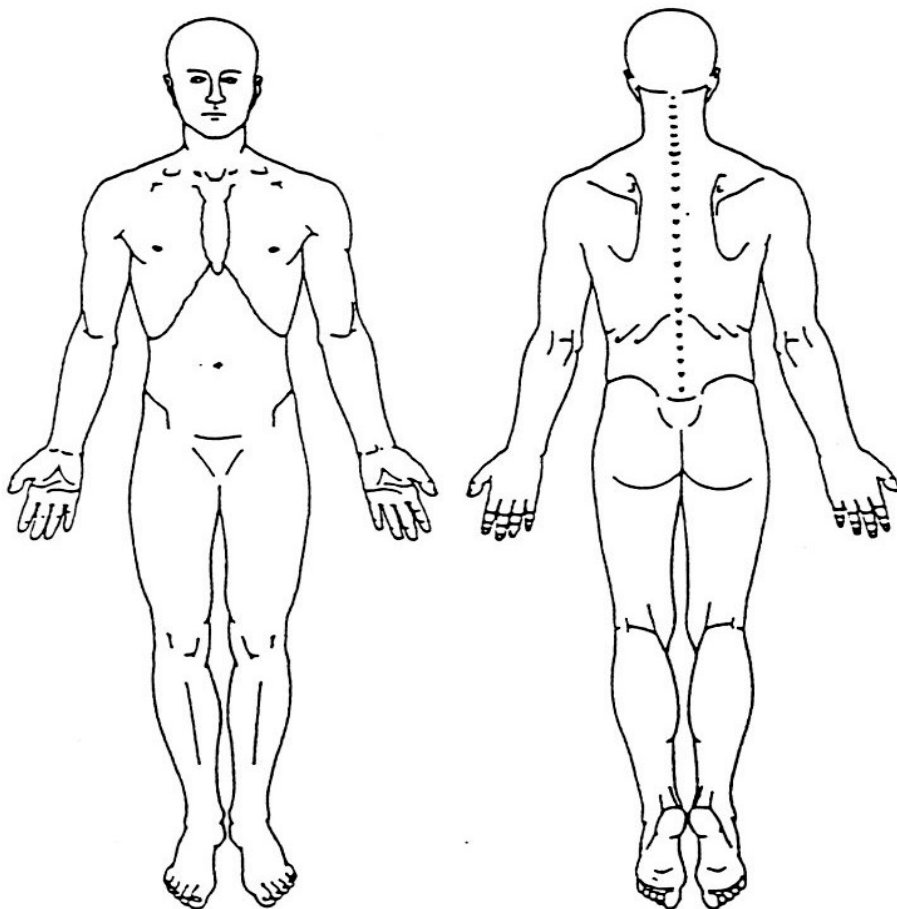


Name: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_

## BODY INJURY DIAGRAM

Instructions:

On the body diagram below, please indicate where your pain is located at the present time and draw the appropriate pain symbol using the **PAIN CODES**. Please do not indicate areas of pain that are not related to your present injury or condition.



### PAIN CODES:

Burning: + + +  
Stabbing: / / /  
Cramping: X X X  
Numbness: = = =  
Pins & Needles: 0 0 0  
Aching: > > >

Circle the number that best describes your current pain for your \_\_\_\_\_:  
(body part)

0    1    2    3    4    5    6    7    8    9    10

If you are experiencing pain in other body parts, please state the body part and indicate your current pain by circling the number below:

Body part(s): \_\_\_\_\_

0    1    2    3    4    5    6    7    8    9    10

Employee Name (Print): \_\_\_\_\_

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

Employee Signature: \_\_\_\_\_