

## Hand Diagram

Name \_\_\_\_\_

Date \_\_\_\_\_

Please draw on the hand diagram the area of each hand where pain, numbness, tingling, or other types of discomfort have occurred in a typical day during the past two (2) Weeks.

Key: XXXX - Pain

///// - Numbness/Tingling

00000 - Other discomfort (please describe) \_\_\_\_\_

**Left Hand**

**Right Hand**

