PAIN DRAWING

PATIENT: _____ **AGE:**_____ **DATE:** _____

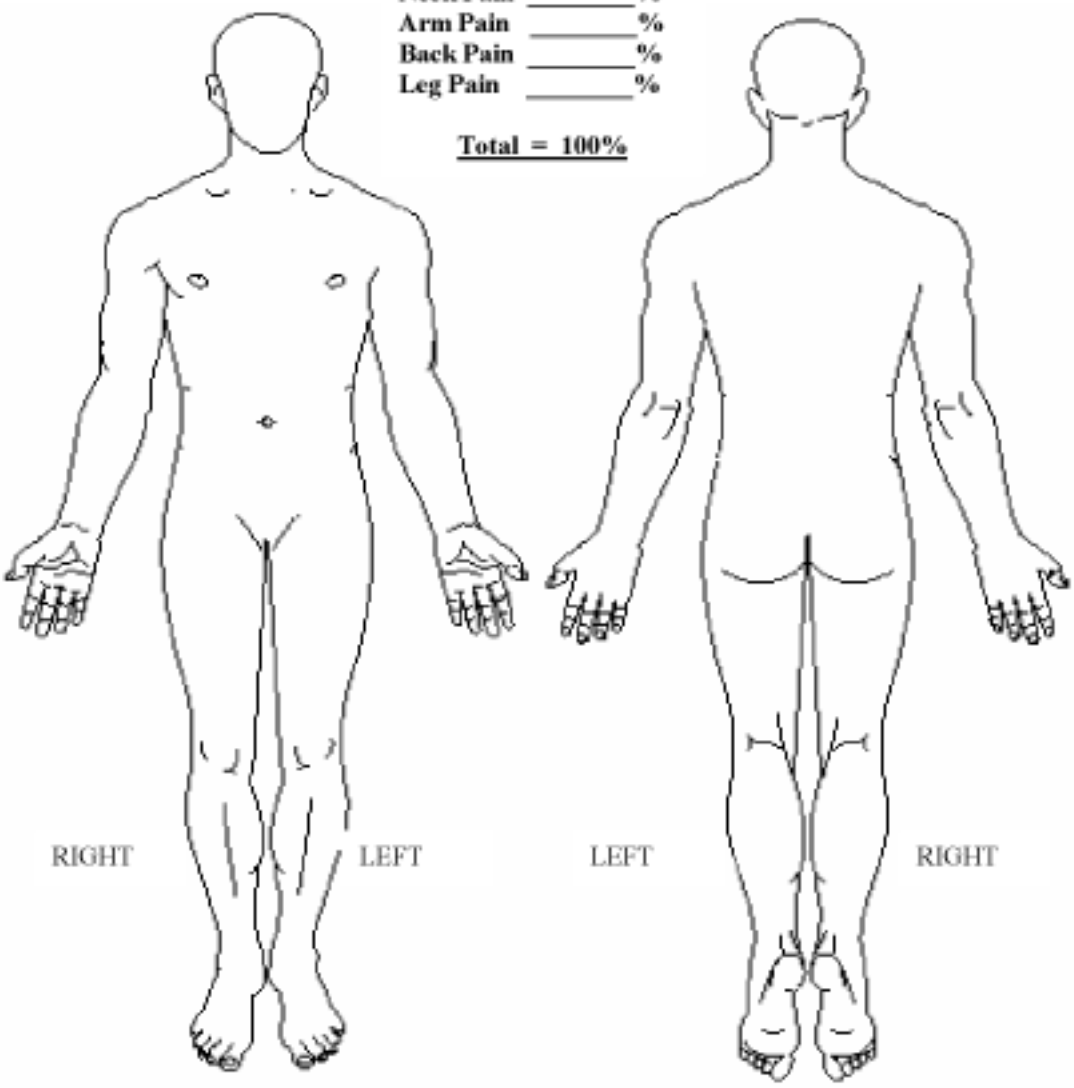
WHERE IS YOUR PAIN NOW?

Mark the areas on your body where you feel the described sensations. Use the appropriate symbol. Mark the areas of radiation. Include all affected areas. Just to complete the picture, please draw in your face.

ACHE	NUMBNESS	PINS & NEEDLES	BURNING	RADIATING PAIN
^ ^ ^	O O O	■ ■ ■	X X X	/ / /
^ ^ ^	O O O	■ ■ ■	X X X	/ / /
^ ^ ^	O O O	■ ■ ■	X X X	/ / /

Neck Pain _____%
Arm Pain _____%
Back Pain _____%
Leg Pain _____%

Total = 100%



PLEASE MARK ON THE LINE:

How bad is your pain now?

❶_____❷_____❸_____❹_____❺_____❻_____❼_____❽_____❾_____❿

NO PAIN **INTERMEDIATE PAIN** **WORST PAIN**