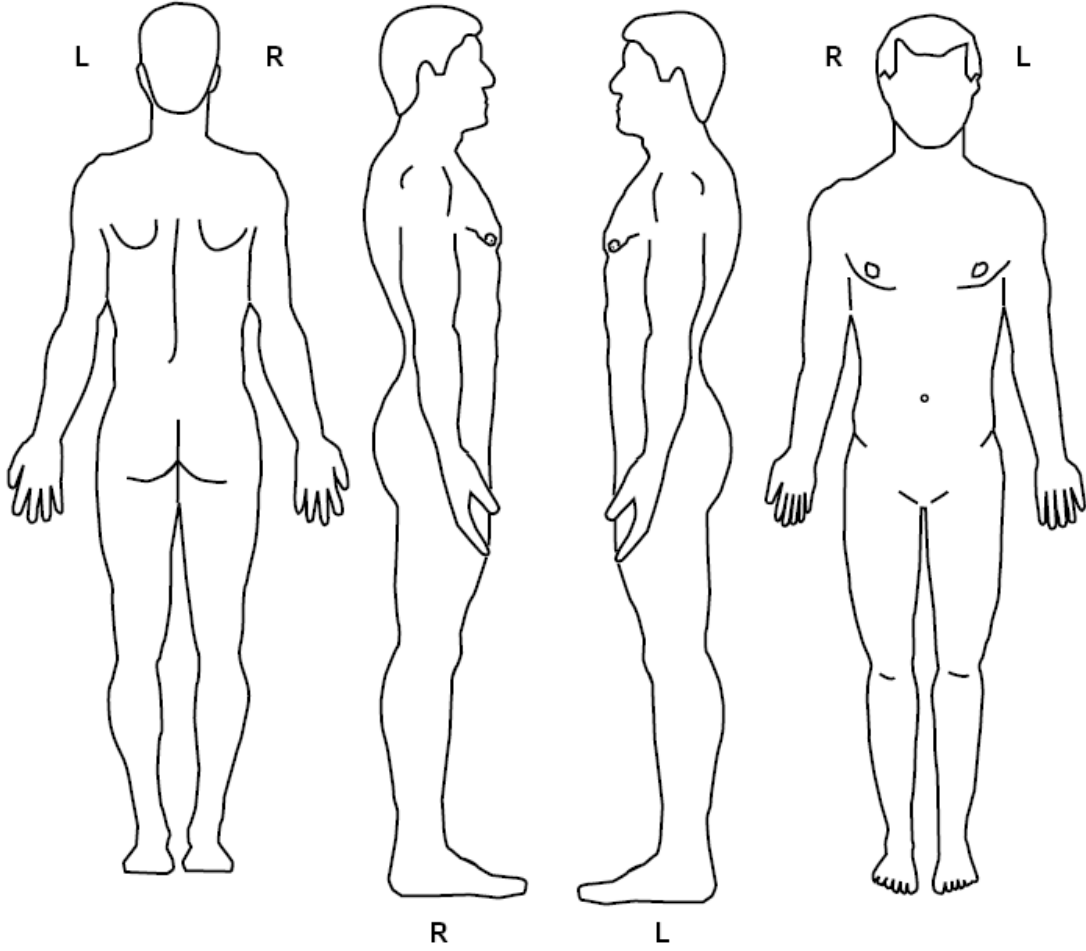


# PAIN DRAWING

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

Please be sure to fill this out extremely accurately. Mark the area on your body where you feel the described sensation(s). Use the appropriate symbol(s), mark areas of radiating pain, and include all affected areas. You may draw in the face as well.

Numbness ----- Pins & Needles ooooooo  
 ----- Needles ooooooo  
 Burning Pain xxxxxxxx  
 Stabbing Pain ///////////////  
 Aching Pain ((((((((((  
 Aching Pain ((((((((((



## VISUAL ANALOGUE SCALE

Please mark on the line the pain level that most accurately represents your pain:

**NO PAIN: 0 1 2 3 4 5 6 7 8 9 10 UNBEARABLE PAIN**

- a) Right Now:---- 0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_
- b) Average Pain 0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_
- c) At Best ----- 0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_
- d) At Worst----- 0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_