

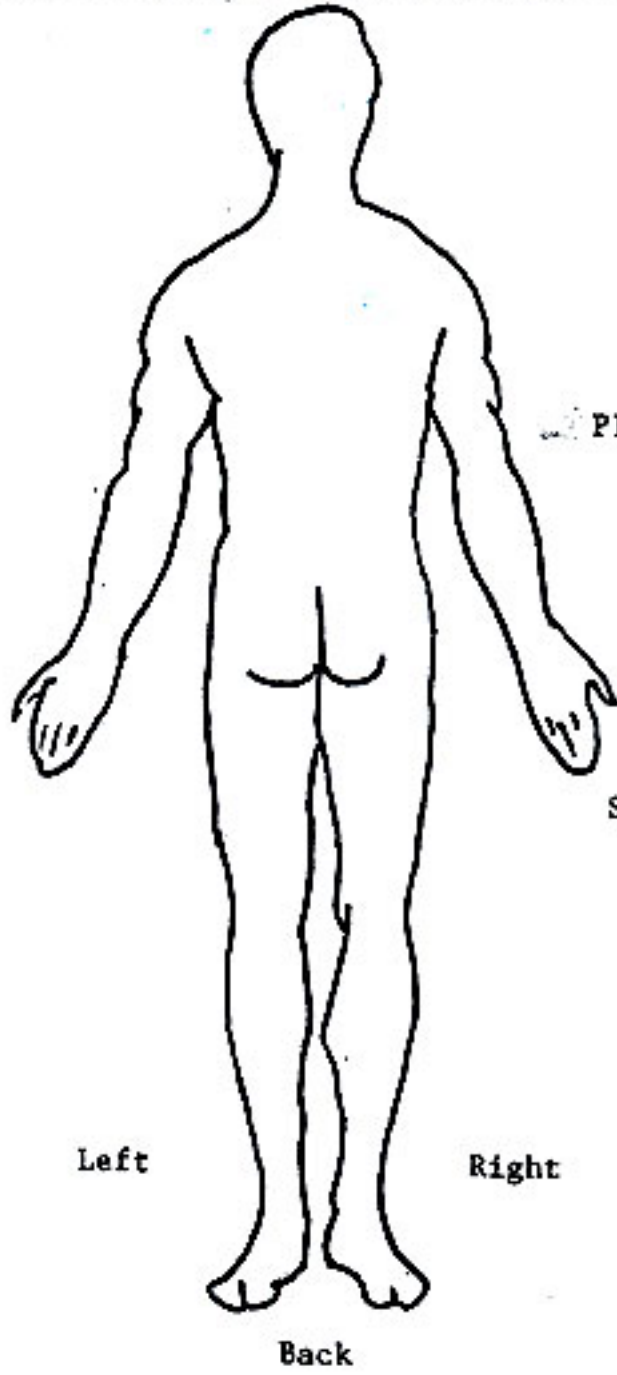
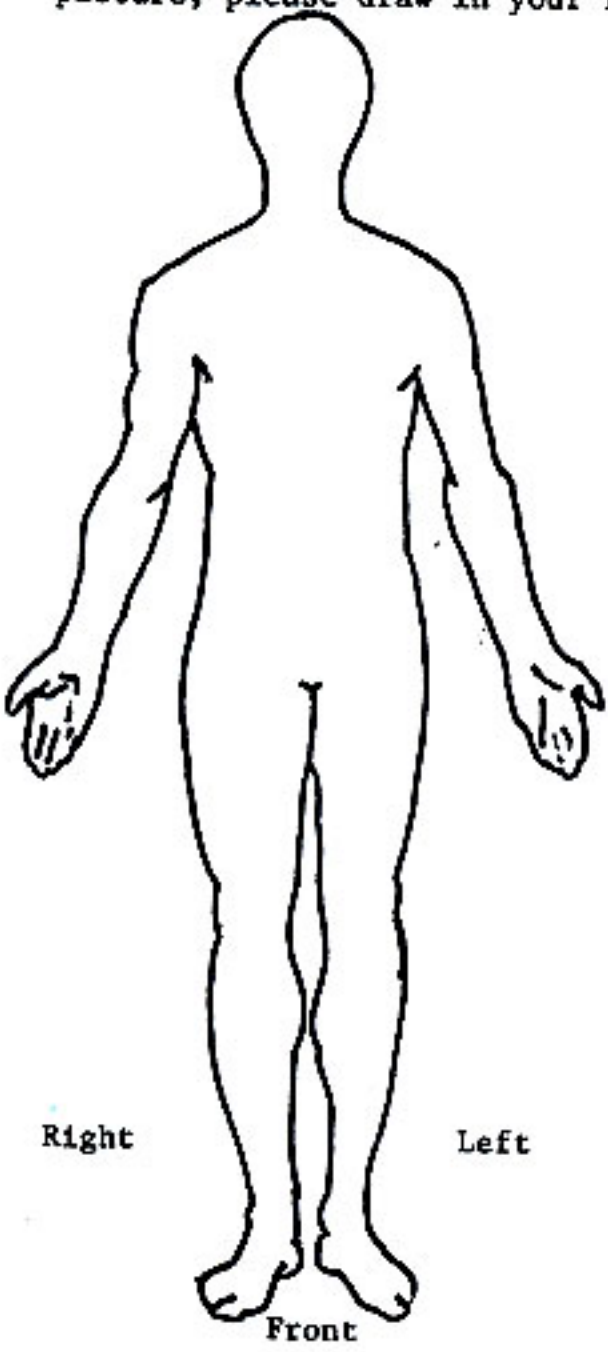
PATIENT PAIN DRAWING

Name _____

Date _____

Where is your pain now?

Mark the areas on your body where you feel the sensations described below, using the appropriate symbol. Mark the areas of radiation. Include affected areas. To complete the picture, please draw in your face.



ACHING
△ △ △

NUMBNESS
= = =

PINS & NEEDLES
o o o

BURNING
x x x

STABBING
/ / /

How bad is your pain now?

1. Please mark with an X on the body form above where the pain is worst now.
2. Please mark on the line below indicating how bad your pain is now by circling the number.

NO PAIN
1
2
3
4
5
6
7
8
9
10
WORST POSSIBLE PAIN

Comments: _____

Signature: _____