

PAIN DRAWING

PATIENT: _____ AGE: _____ DATE: _____

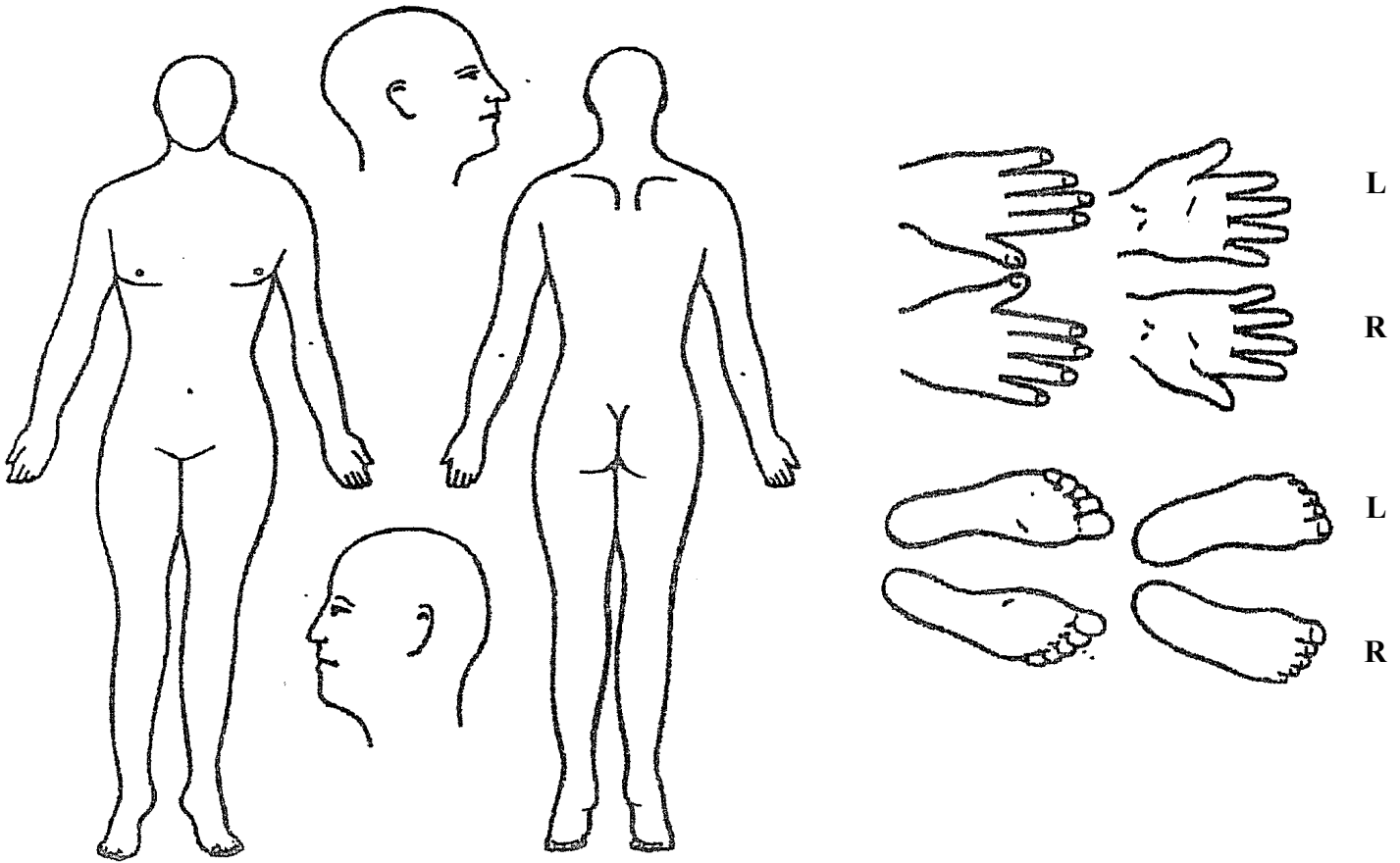
TELL US WHERE YOU HURT

Mark the areas on your body where you feel pain. Include all affected areas. Mark areas of radiation. If your pain radiates, draw an arrow from where it starts to where it stops. Please extend the arrow as far as the pain travels. Use appropriate symbol(s) listed below.

Ache: >>>>
 >>>>
 Burning: x x x x
 x x x x

Numbness: =====
 =====
 Stabbing: /////
 /////

Pins and Needles: o o o o
 o o o o
 Throbbing: ~ ~ ~ ~
 ~ ~ ~ ~



SEVERITY OF PAIN

List region of pain and circle severity number. (1 = least, 10 = greatest)

Ex. neck 1. _____ 2. _____
 1 2 3 4 5 6 7 (8) 9 10 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10

3. _____ 4. _____ 5. _____
 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10