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## PATIENT PAIN DRAWING

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas. Just to complete the picture, please draw in your face.

Back Front

Aching     $\Delta \Delta \Delta$

Numbness     $\text{NNNN}$

Pins & Needles     $OOO$

Burning     $XXX$

Stabbing     $\swarrow \searrow \searrow$

Other     $OOO$

Scar    -----

Pain in arm(s)  
Compared to Neck:

Worse Than

Same As

Less Than


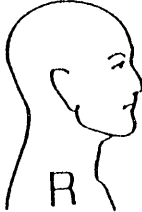
  

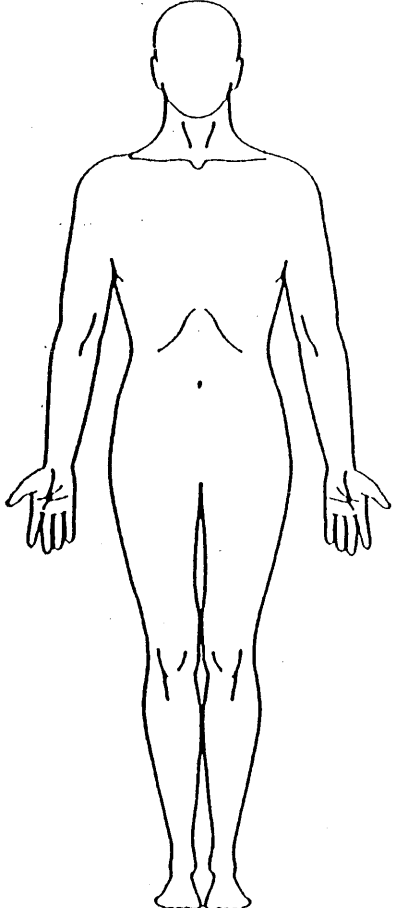
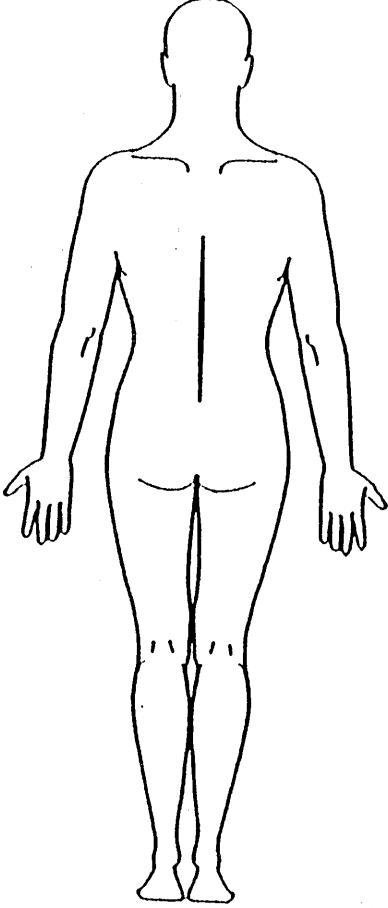
Pain in leg(s)  
Compared to Back:

Worse Than

Same As

Less Than



Please put a mark on the scale to show how bad your usual discomfort has been recently.  
If you are describing more than one symptom, indicate the level of pain for each symptom.

No  
Discomfort

Worst Possible  
Discomfort

0	1	2	3	4	5	6	7	8	9	10
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Signed: \_\_\_\_\_ Date: \_\_\_\_\_