

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 all affected areas. To complete the picture, please draw in your face.

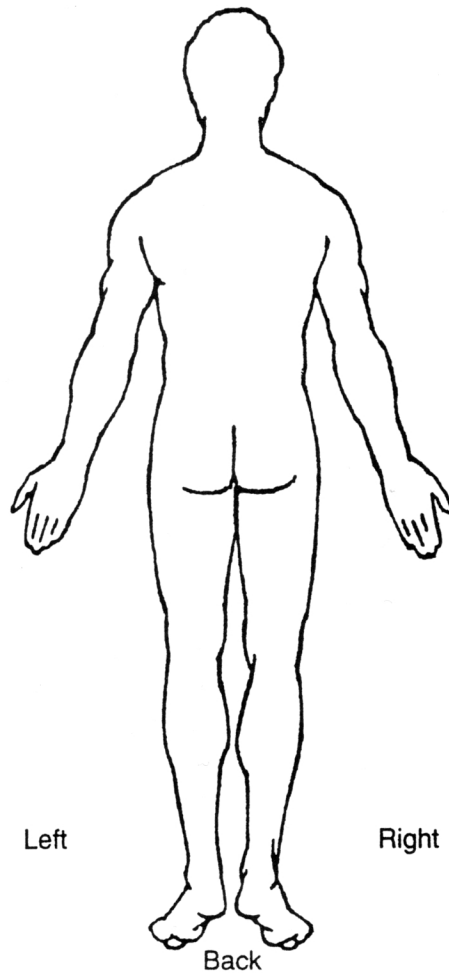
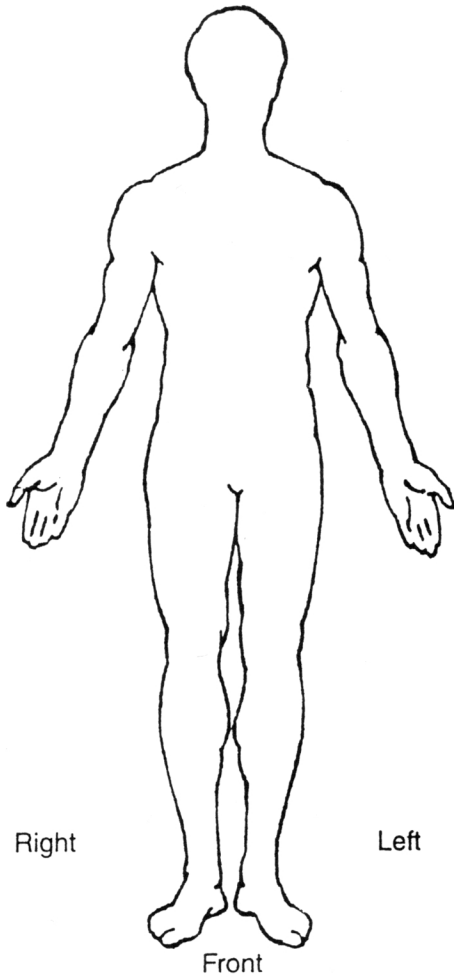
Aching
▲▲▲

Numbness
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Pins and needles
○○○

Burning
xxx

Stabbing
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How bad is your pain now?

Please mark with an X on the body form where the pain is worst now.

Please mark on the line how bad your pain is now:

No Pain _____ Worst possible pain