

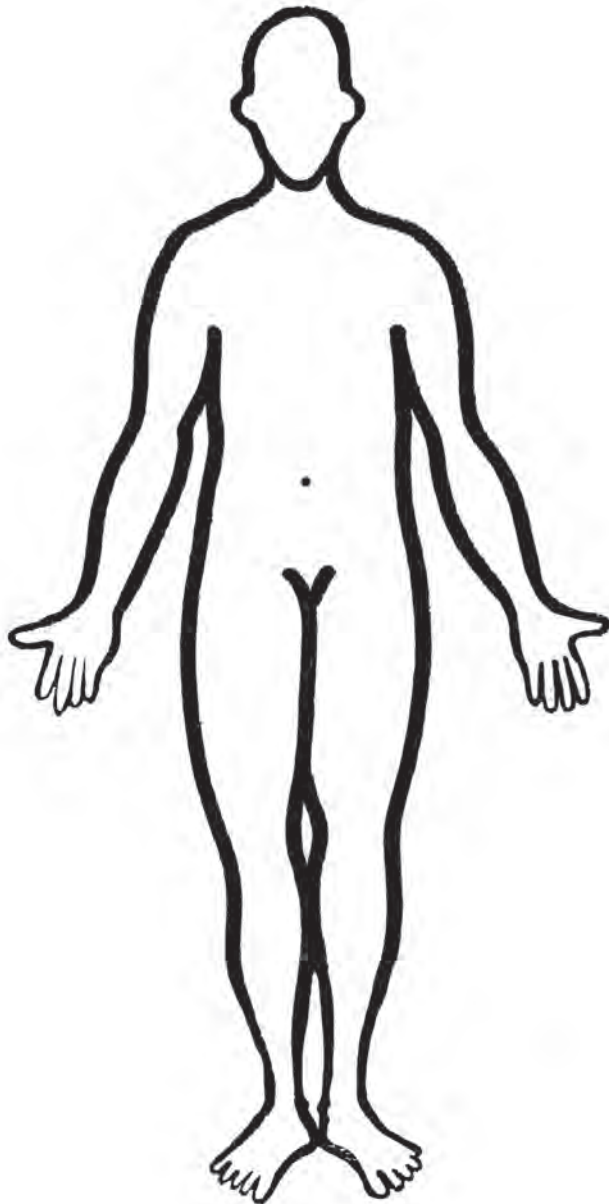
Pain Drawing

Using the symbols shown below, mark the areas on the figure drawings that show where you feel the described sensations. Please include all areas affected by pain.

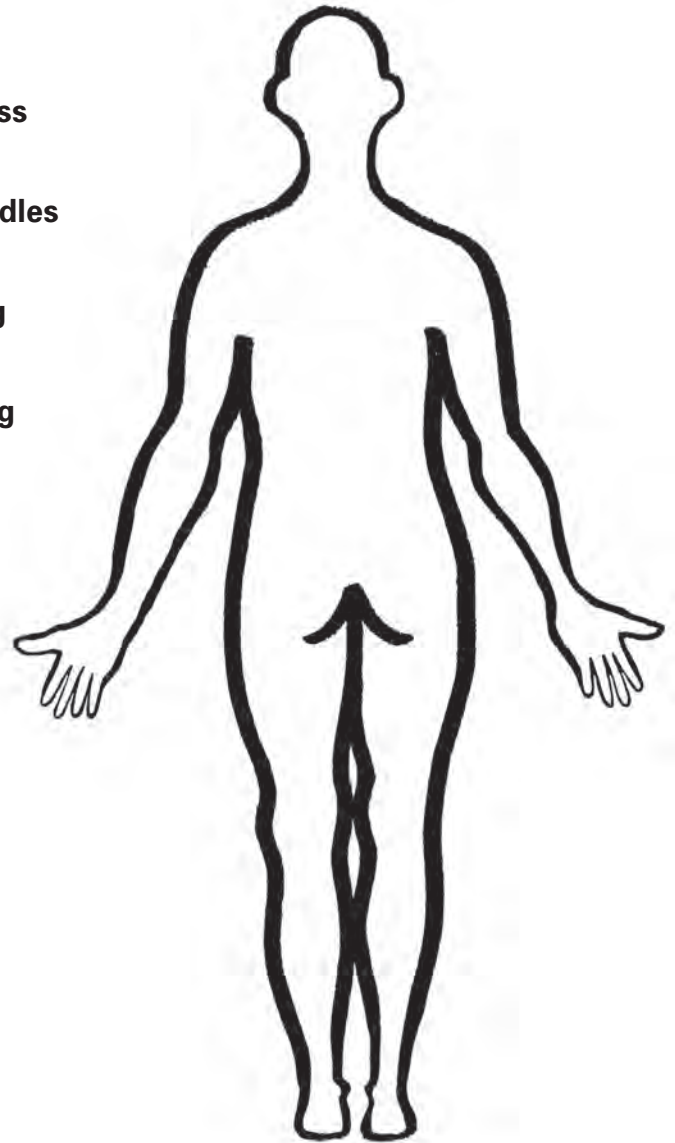
Patient name _____

Date _____

Front



Back



Numbness

|| || ||

Pins & Needles

0 0 0

Burning

X X X

Stabbing

///

Ache

▲▲▲

How bad is your pain right now? Please draw a star ★ on the figures above to show the location of your worst pain.

Please circle one of the numbers on the scale below to point out how intense your pain is right now.

1	2	3	4	5	6	7	8	9	10
No pain			Moderate pain				Unbearable pain		