

Pain Drawing

Name _____

Date _____

Using the symbols given below, mark the area on you body where you feel the described sensations. Include all affected areas.

Aching
△△△△

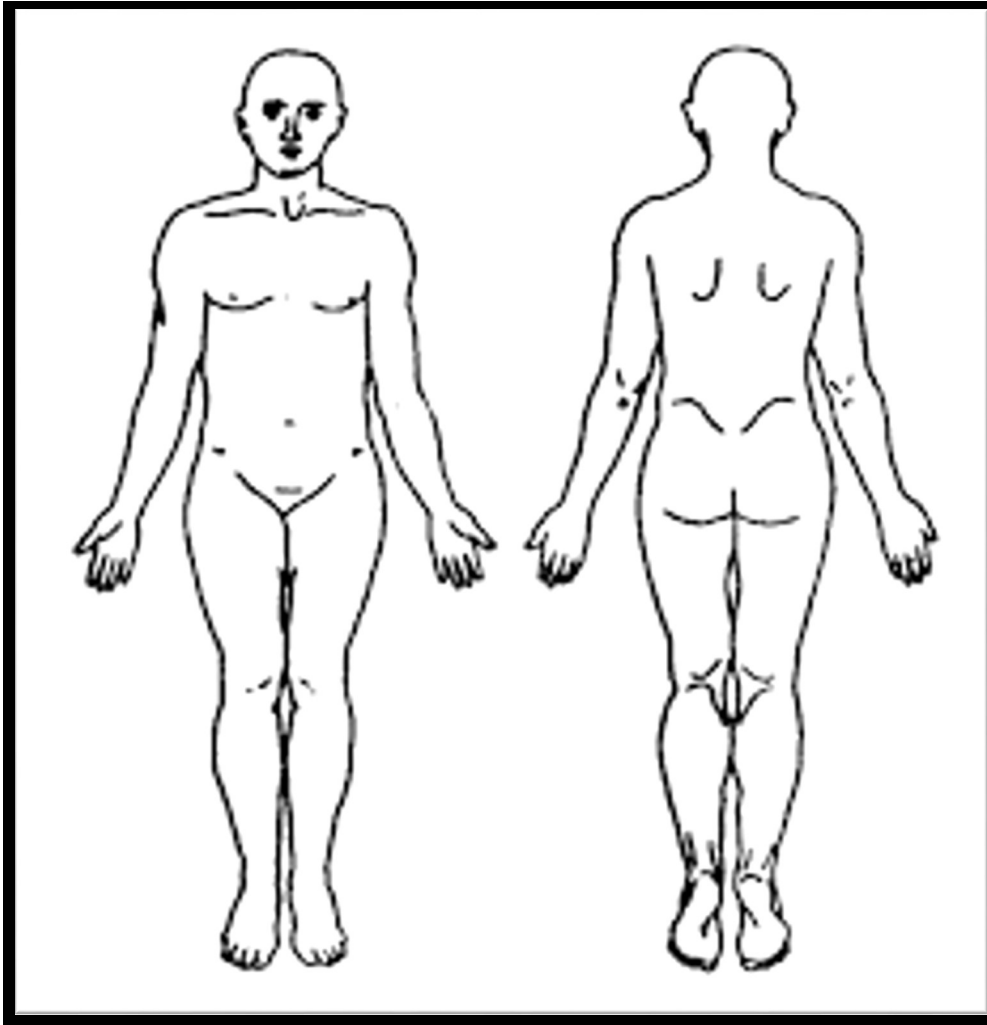
Numbness
=====

Pins & Needles
○○○○○

Burning
XXX

Stabbing
/////

Other
.....



Body Part: Current pain on 1-10 point scale: Circle all that apply

Neck Current _____ Worst _____ Best _____

Shoulder (Right,Left) Current _____ Worst _____ Best _____

Back Current _____ Worst _____ Best _____

Hip (Right,Left) Current _____ Worst _____ Best _____

Knee (Right,Left) Current _____ Worst _____ Best _____

Foot (Right,Left) Current _____ Worst _____ Best _____

Other: _____ Current _____ Worst _____ Best _____