

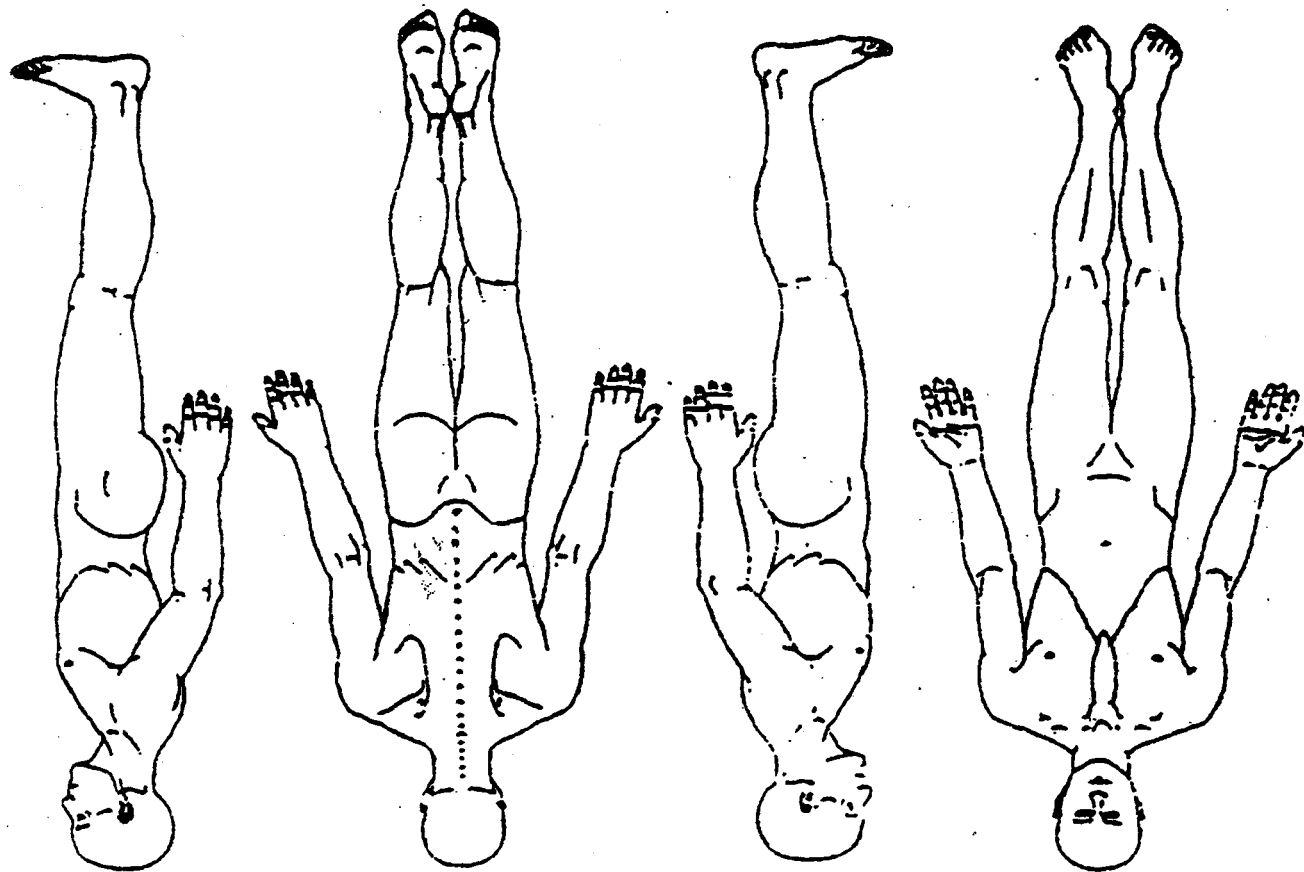
# PAIN DRAWING

DATE \_\_\_\_\_

NAME \_\_\_\_\_

Using the following descriptive symbols, draw the location of your pain on body outlines below. In addition, mark the level of your pain on the pain line at the bottom of the page.

Ache	MM	MM
Burning	====	====
Numbness	0000	00
Pins & Needles	.....	.....
Stabbing	////	////
Other	XXXX	XXXX



Please make a slash through this line as to the level of your pain.

\_\_\_\_\_  
Patient Signature