

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.

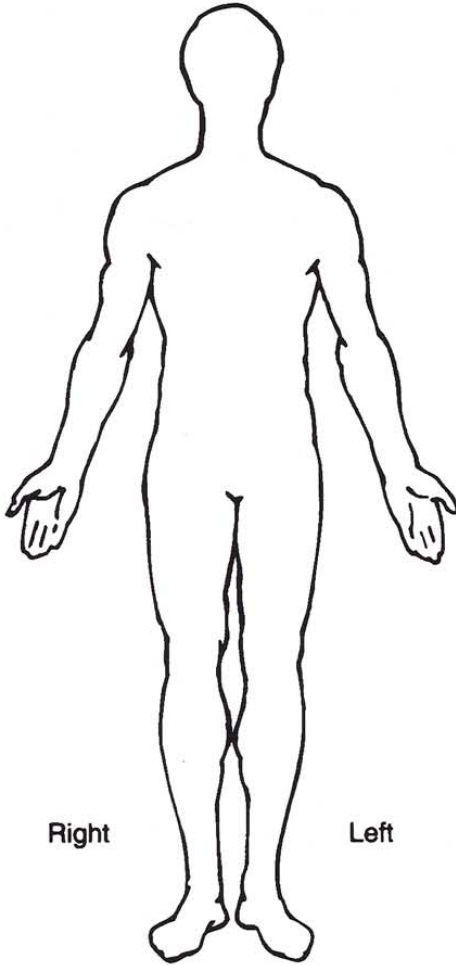
Aching
▼▼▼

Numbness
===

Pins and needles
○○○

Burning
×××

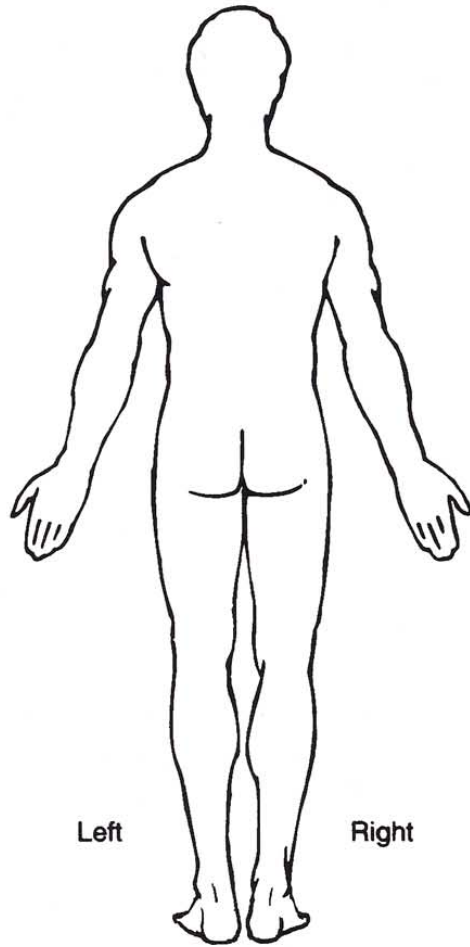
Stabbing
///



Right

Left

Front



Left

Right

Back

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 below how bad your pain is now.

