

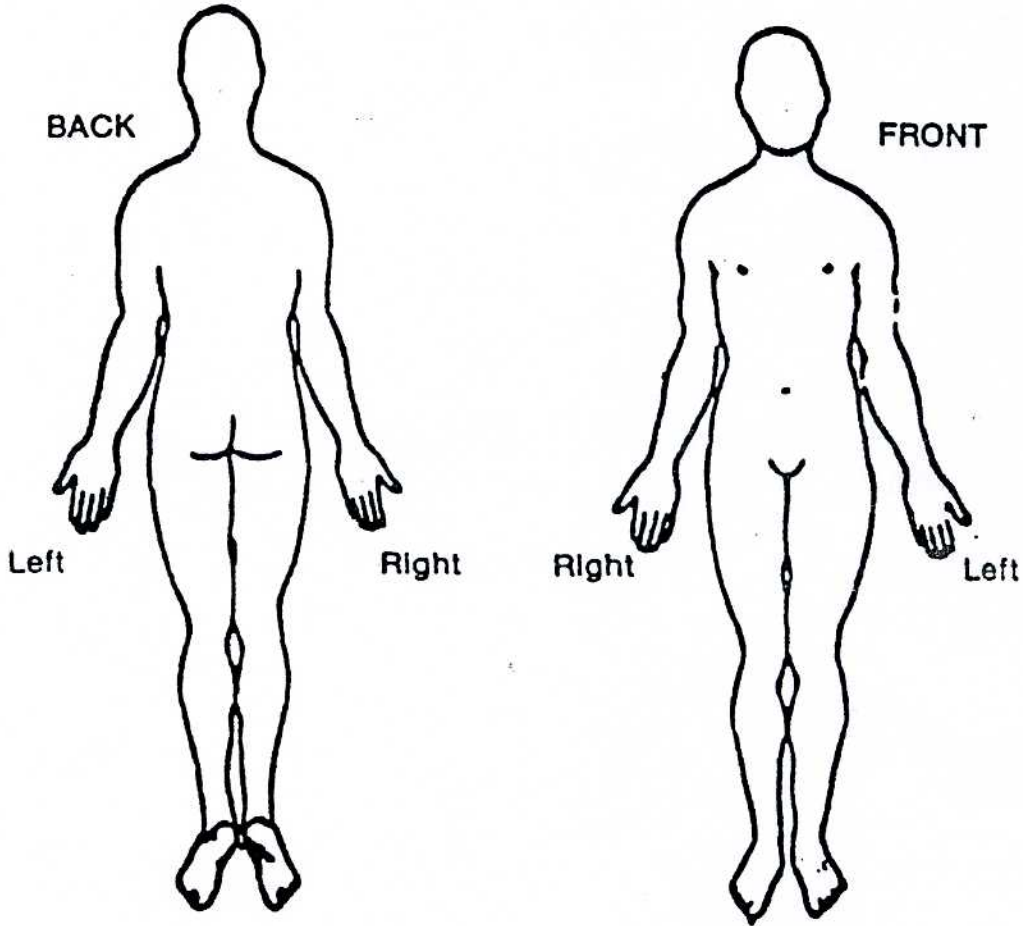
PAIN DRAWING

DATE _____

NAME _____

Draw location of your pain on the body outline. Indicate the type of pain by marking box, and level of pain (using numbers 1 to 10) on pain line at the bottom of the page.

Ache Burning Numbness Pins and Needles Stabbing Other _____



1 No Pain 2 3 4 5 6 7 8 9 Worst possible pain 10

Signature _____

Date _____