

PAIN DRAWING

Name: _____

Date: _____

Mark the areas on your body where you feel the following sensations:

Aches AAA
AAA
AAA

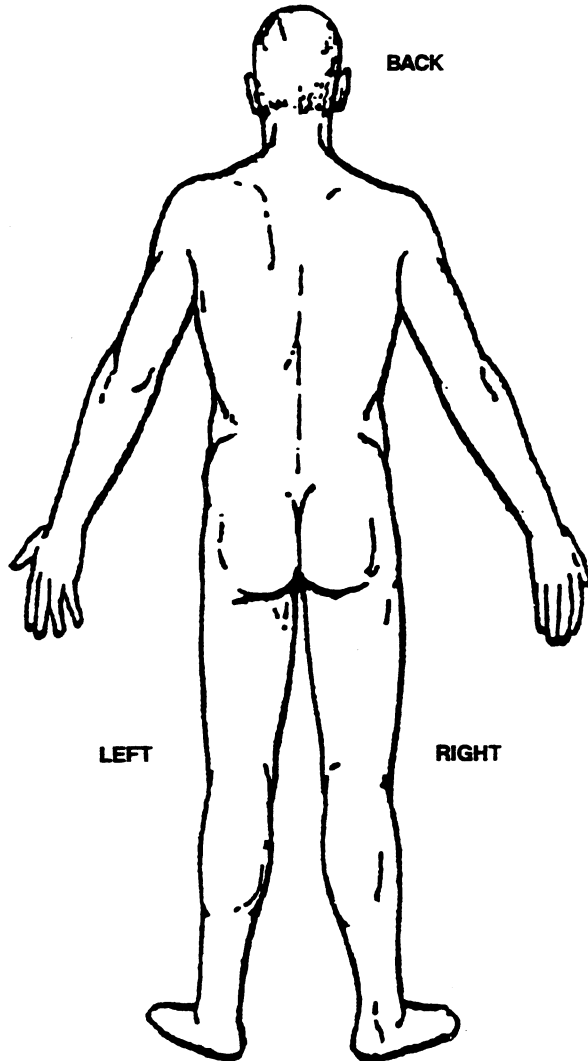
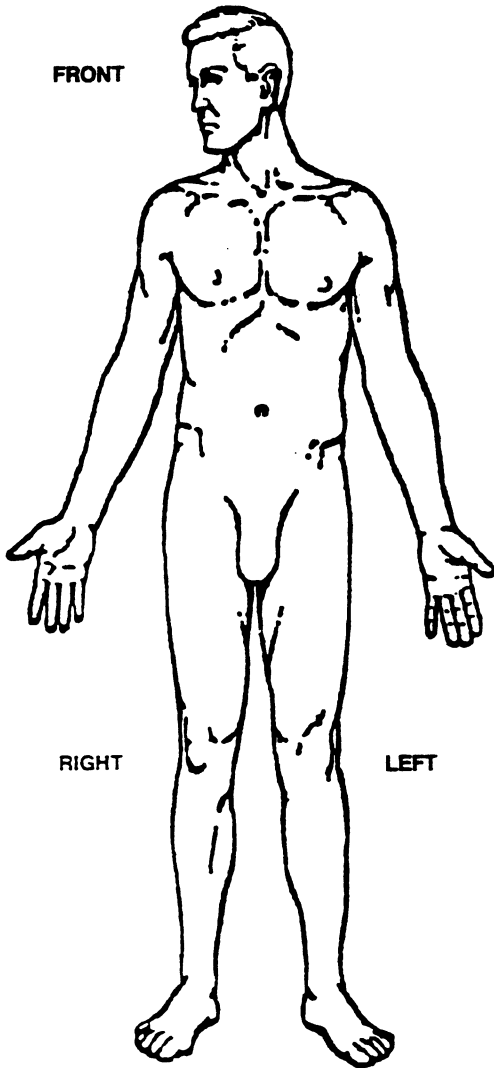
Numbness 000
000
000

Pins and needles •••
•••
•••

Burning XXX
XXX
XXX

Stabbing ///
///
///

Other △△△
△△△
△△△



Indicate the severity of your pain by marking an "X" at the appropriate point on the pain line:

How bad is your neck pain now?

0 _____ 10
No pain Worst possible

How bad is your back pain now?

0 _____ 10
No pain Worst possible

How bad is your arm pain now?

0 _____ 10
No pain Worst possible

How bad is your leg pain now?

0 _____ 10
No pain Worst possible