

# PAIN DRAWING

Name: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Examiner: \_\_\_\_\_

## TELL US WHERE YOU HURT

**Please read carefully:**

Mark the areas on your body where you feel your pain. Include affected areas. Mark areas of radiation. If your pain radiates, draw an arrow from where it starts to where it stops. Please extend the arrow as far as the pain travels. Use the appropriate symbol(s) listed below.

Ache >>>>  
>>>>

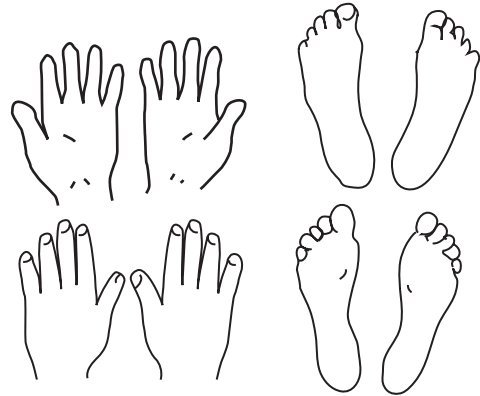
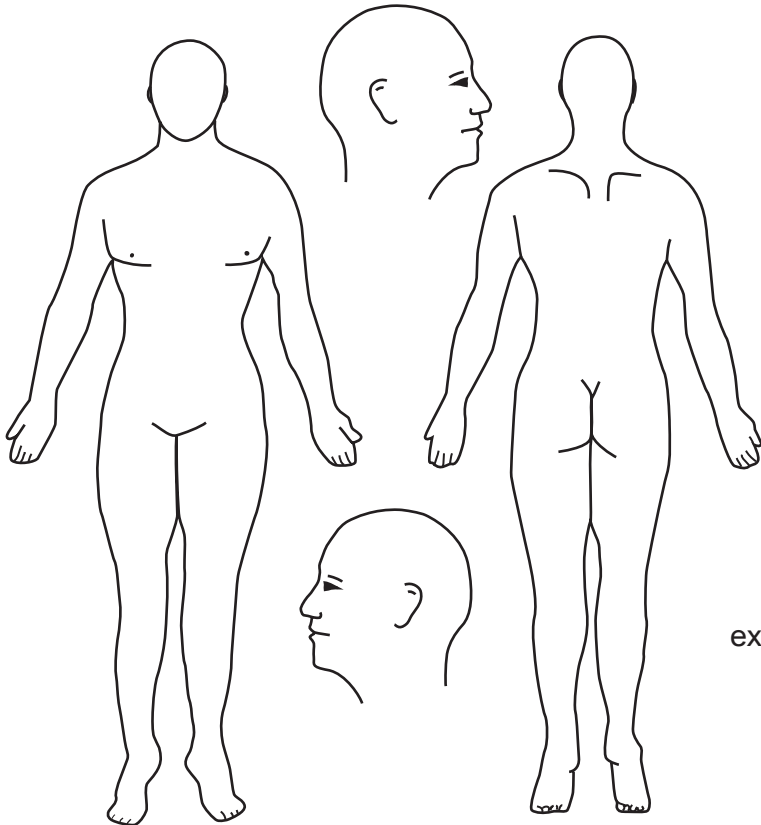
Numbness =====  
=====

Pins and Needles ooooo  
ooooo

Burning xxxxx  
xxxxx

Stabbing ////  
////

Throbbing ~~~~~  
~~~~~



### SEVERITY OF PAIN

List region of pain and circle severity number (1 = least, 10 = greatest)

example: Neck  
1 2 3 (4) 5 6 7 8 9 10

1. \_\_\_\_\_  
1 2 3 4 5 6 7 8 9 10

2. \_\_\_\_\_  
1 2 3 4 5 6 7 8 9 10

3. \_\_\_\_\_  
1 2 3 4 5 6 7 8 9 10

4. \_\_\_\_\_  
1 2 3 4 5 6 7 8 9 10

5. \_\_\_\_\_  
1 2 3 4 5 6 7 8 9 10