

# Patient Pain Drawing

Name \_\_\_\_\_

Date \_\_\_\_\_

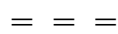
## Where is your pain now?

- 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.
- To complete the picture, please draw in your face.

Aching



Numbness



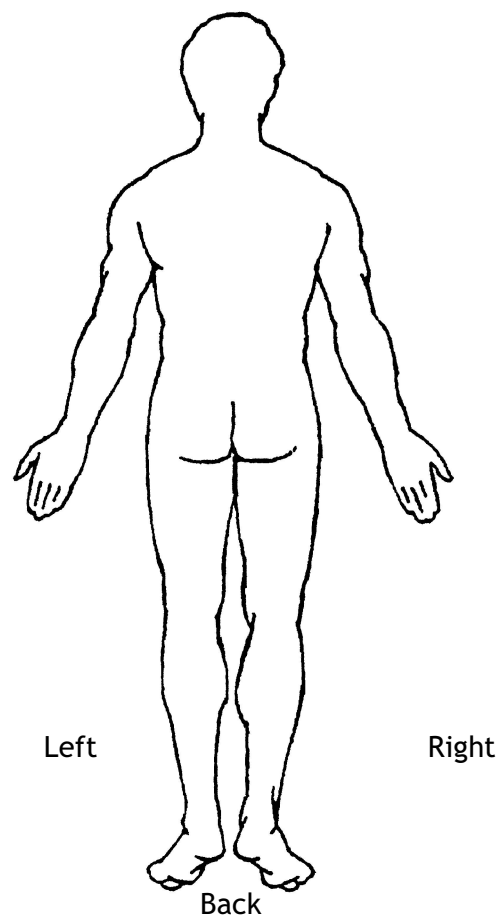
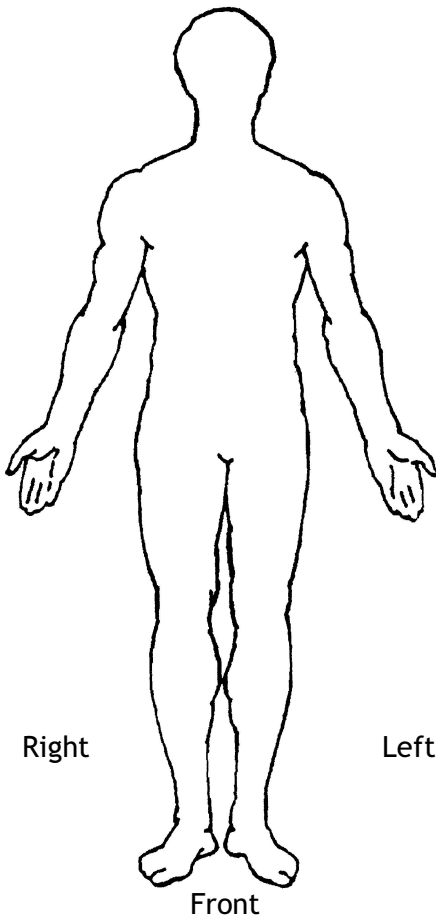
Pins and needles



Burning



Stabbing



## 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 how bad your pain is now:

No pain \_\_\_\_\_ Worst possible pain