

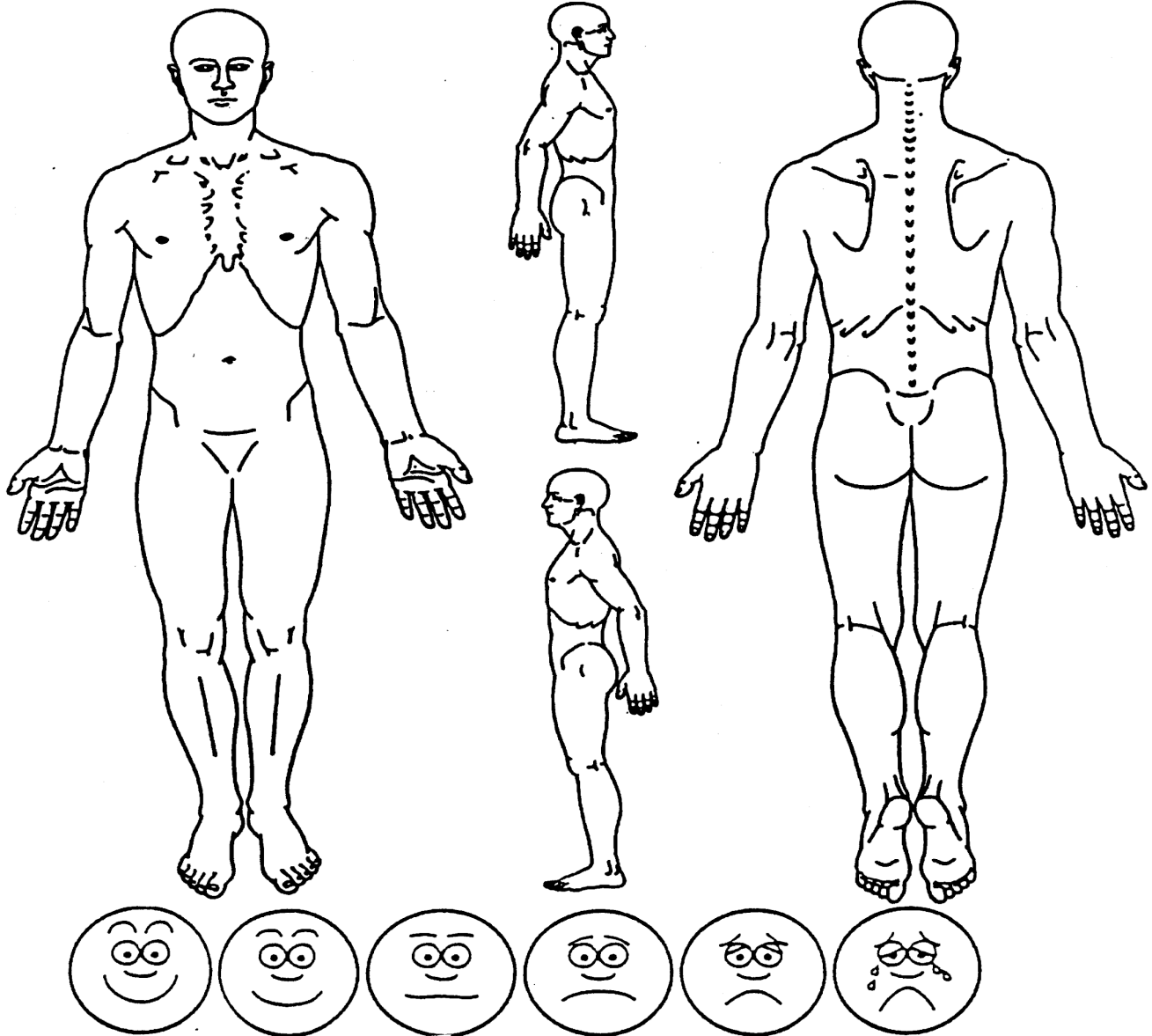
PATIENT PAIN DRAWING

NAME: _____

DATE: _____

Mark the areas of complaints on the diagram using the following symbols. Also, use the scale below to indicate the pain level of your complaint(s).

Symbols: Aching/Dull Numbness Pins & Needles Burning Stabbing Other
 ++++++ _____ 0000000000 xxxxxx // // // // *****



Absolutely
 pain free

1 2 3 4 5 6 7 8 9 10

Worst pain you
 could ever have

X _____
 Patient Signature