

# Pain Drawing

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Tell us where you hurt.

**Please read carefully:**

Mark the areas on your body where you feel you pain. Include all affected areas. Mark areas of pain 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 >>>>

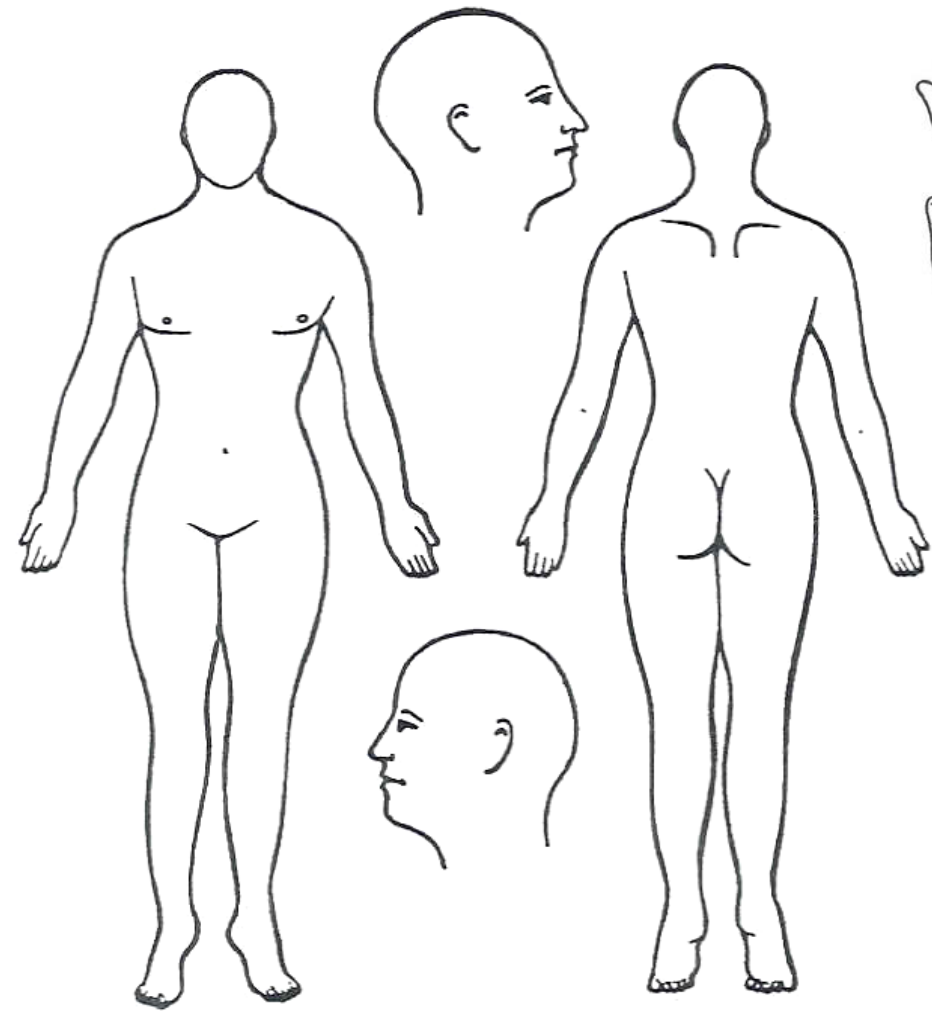
Numbness =====

Pins and Needles ○○○○

Burning x x x x

Stabbing /////

Throbbing ~ ~ ~ ~




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### Severity of Pain

List the region of pain.  
Circle the severity number.  
1=least pain, 10=greatest pain

ex: \_\_\_\_\_ NECK \_\_\_\_\_  
 0 1 2 3 4 5 6 7 8 9 10

1. \_\_\_\_\_  
 0 1 2 3 4 5 6 7 8 9 10

2. \_\_\_\_\_  
 0 1 2 3 4 5 6 7 8 9 10

3. \_\_\_\_\_  
 0 1 2 3 4 5 6 7 8 9 10

4. \_\_\_\_\_  
 0 1 2 3 4 5 6 7 8 9 10

5. \_\_\_\_\_  
 0 1 2 3 4 5 6 7 8 9 10