

# 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



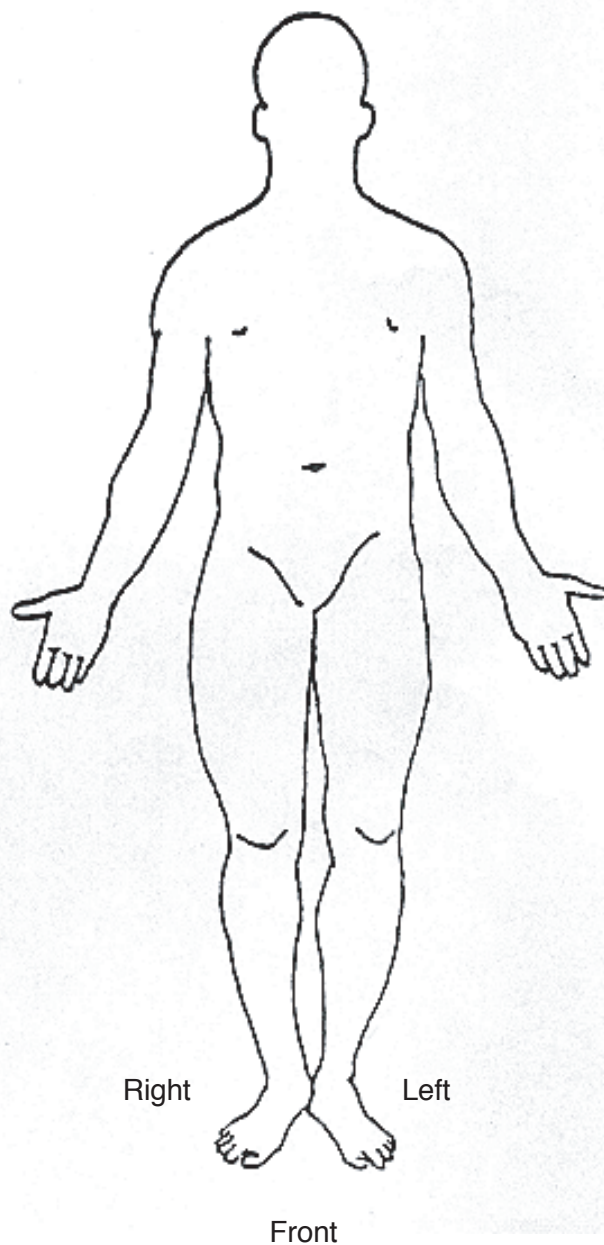
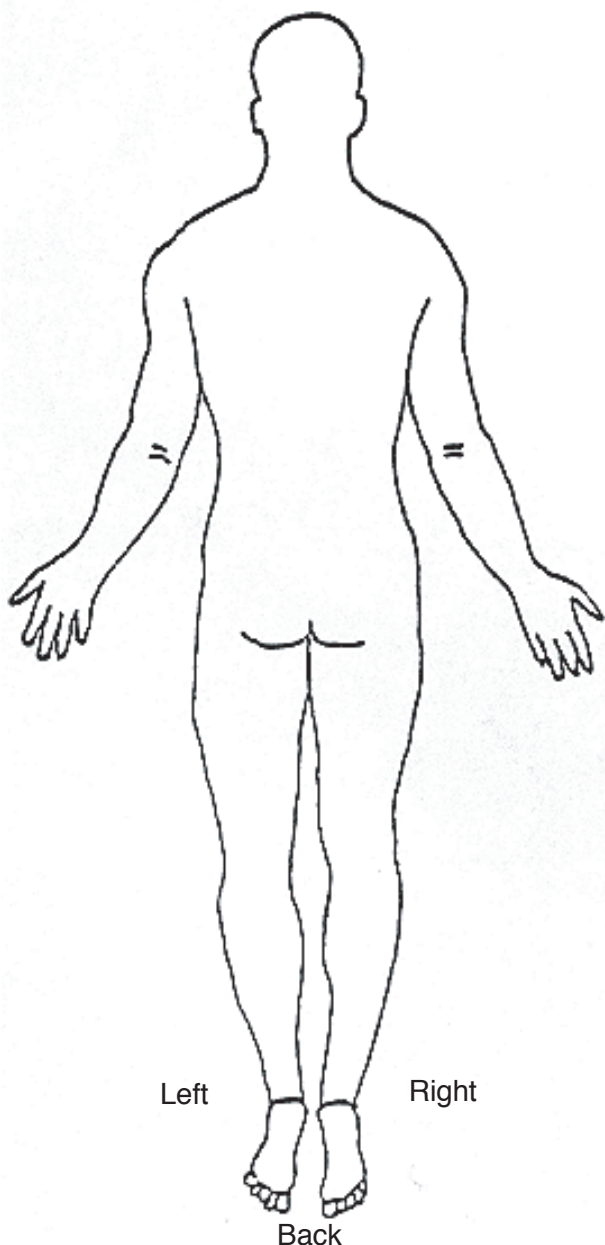
PINS AND NEEDLES



BURNING



STABBING



## How bad is your pain now? □

Please mark an X on the body where the pain is worst now.  
Please mark on the line how bad your pain is now:

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