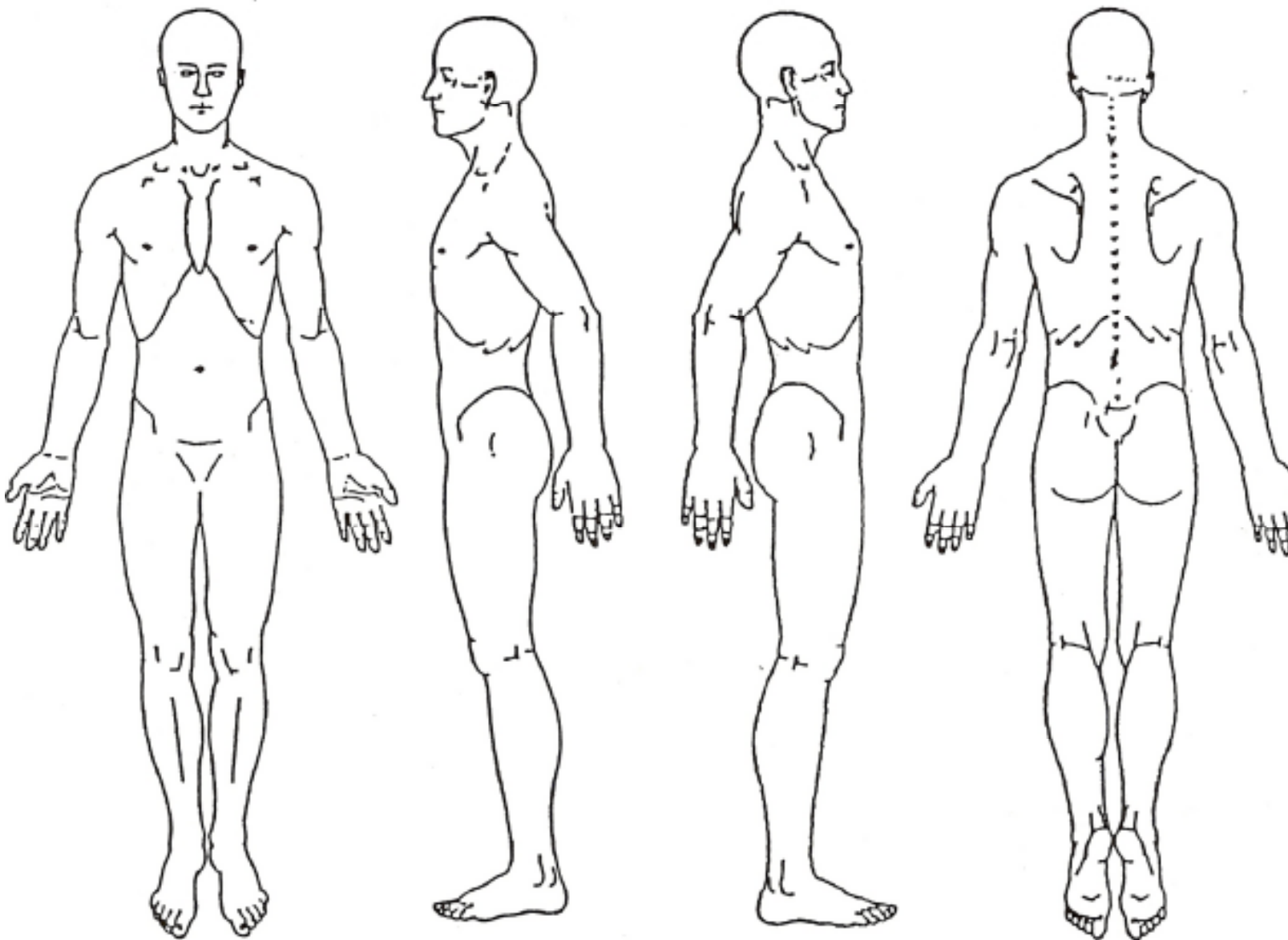


Pain Drawing

Name: _____ Date: _____

Using the following descriptive symbols, draw the location of your pain on the body outlines below.
In addition, mark the level of your pain on the pain line at the bottom of the page.

Ache	Burning	Numbness	Pins & Needles	Stabbing	Other
~~~~~	ZZZZ	OOOO	.....	////////	XXX
~~~~~	ZZZZ	OOOO	.....	////////	XXX



Place a slash through this line indicating your current level of pain.

No Pain |.....| Worst possible pain