

Name \_\_\_\_\_ Date \_\_\_\_\_

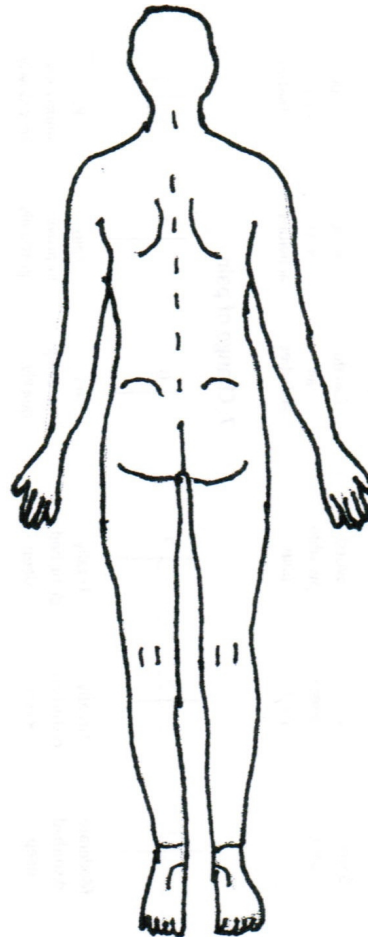
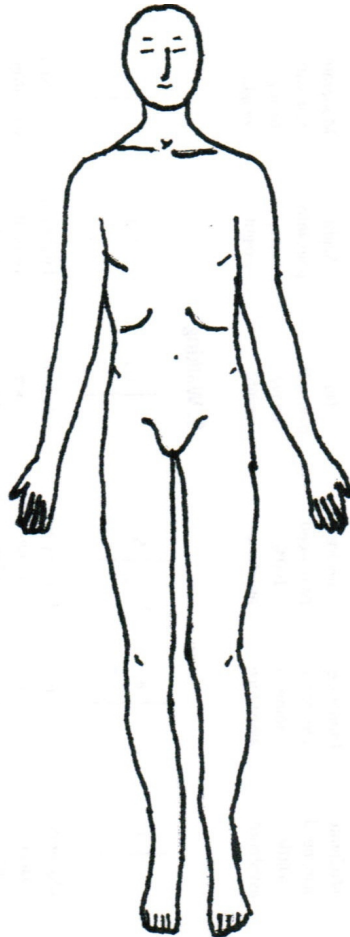
## Pain Drawing

Be sure to fill this out extremely accurately. On the diagram below mark the area on your body where you feel the described sensation(s). Use the appropriate abbreviation(s), mark areas of radiating pain, and include all affected areas.

Dull/Achy Pain = D  
Sharp Pain = S

Numbness = N  
Tingling = T

Stiffness = F  
Throbbing = B



## Visual Analogue Scale

Please mark on the line the pain level that most accurately represents your pain. If there is more than one area write the area (example: neck, mid-back, low back, etc.) beside your mark.

Right Now: No Pain 0-----50-----100 Unbearable

At Worse: No Pain 0-----50-----100 Unbearable