

Name: _____

Date: _____

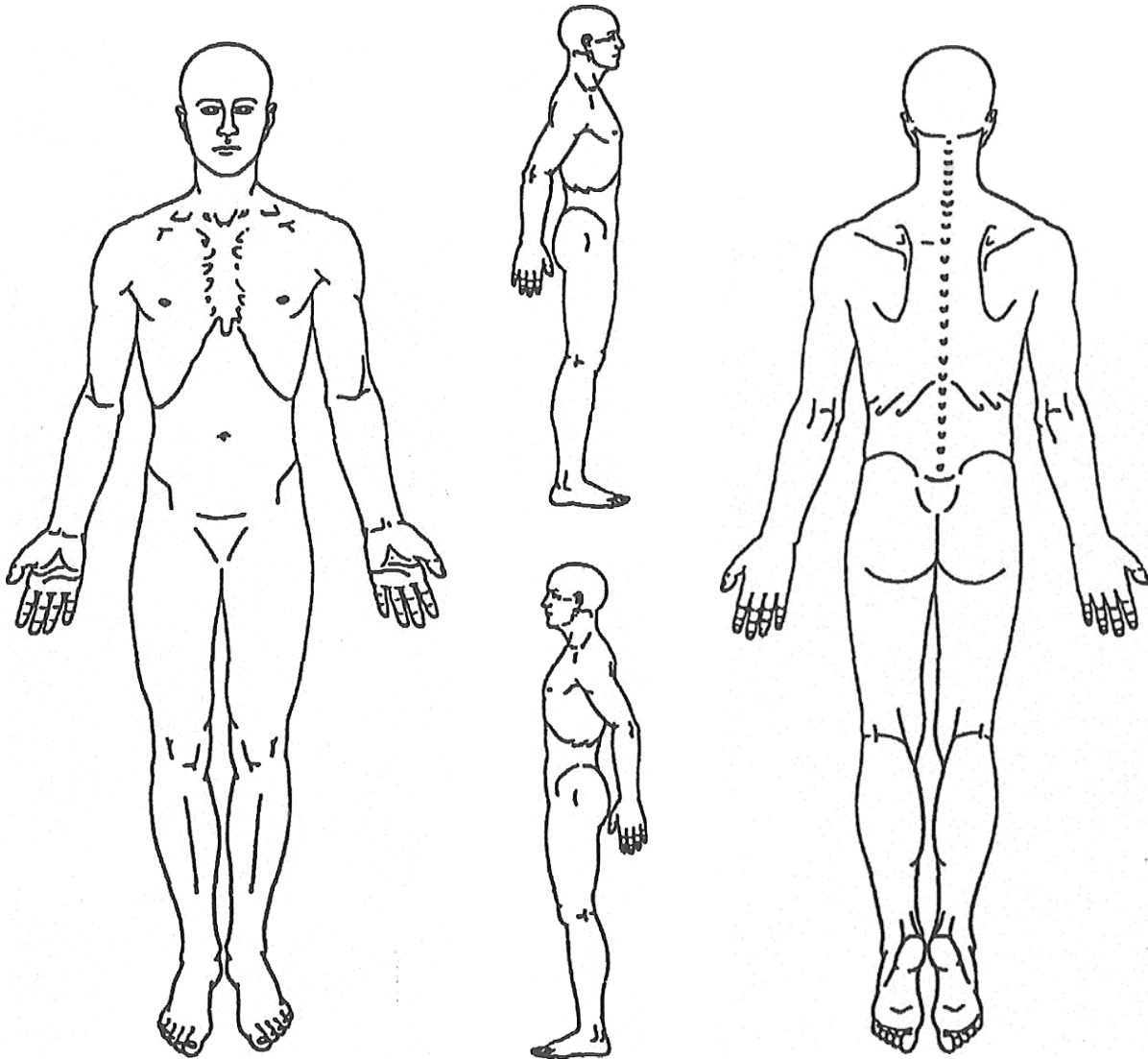
PAIN DRAWING

Please mark the figures below with the letters that best describe the sensation or pain you are feeling. Please mark areas where pain radiates or spreads with \uparrow or \downarrow or \longleftrightarrow arrow to indicate the direction of radiating pain.
(Include all affected areas)

A = Ache	B = Burning	R = Radiating Pain	D = Dull
N = Numbness	S = Stabbing	P = Pins & Needles	O = Other

Right -----Left

Left ----- Right



Please mark on the line, the pain level that most accurately represents your pain for each body area:

