

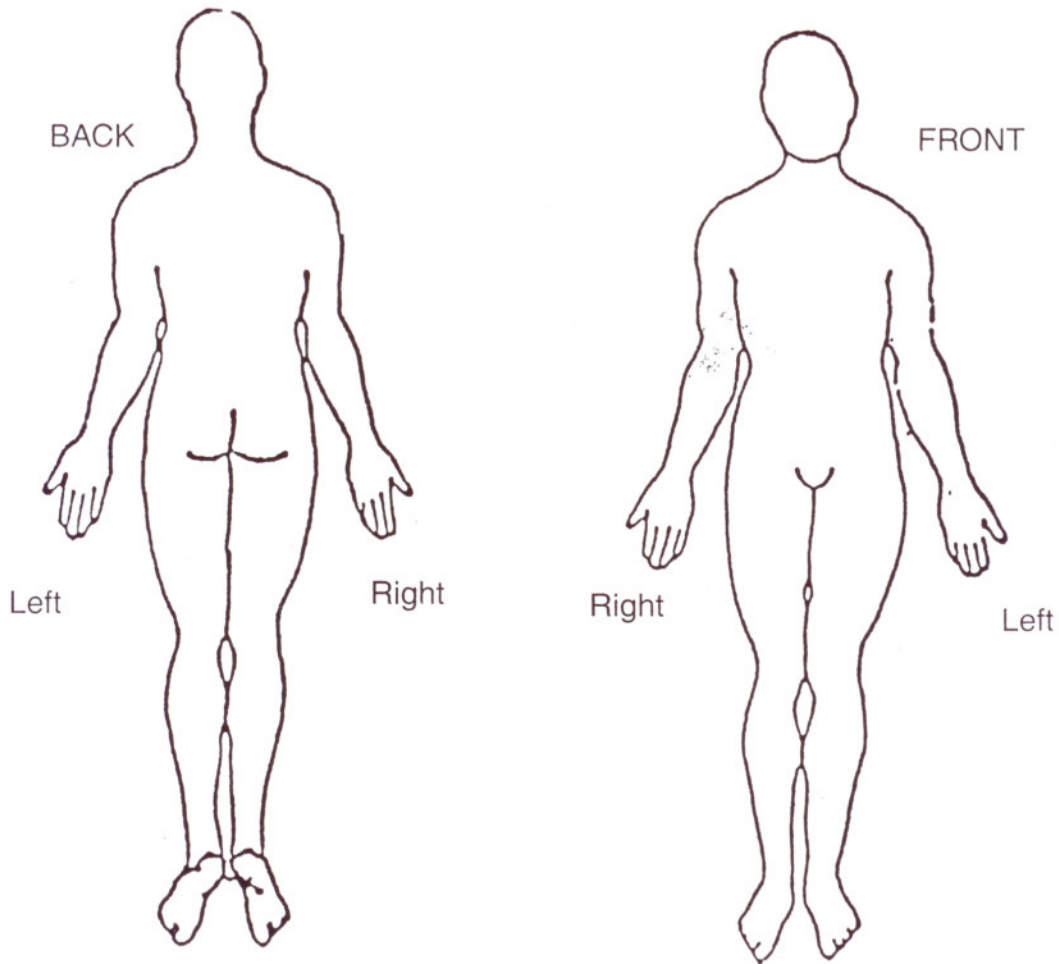
PAIN DRAWING

NAME: _____

DATE: _____

Draw location of your pain on body outline and mark how bad it is (using numbers 1 through 10) on pain line at bottom of page.

- Ache Burning Numbness Pins and Needles
 Stabbing Other _____



0 NO PAIN 1 2 3 4 5 6 7 8 9 WORST POSSIBLE PAIN 10