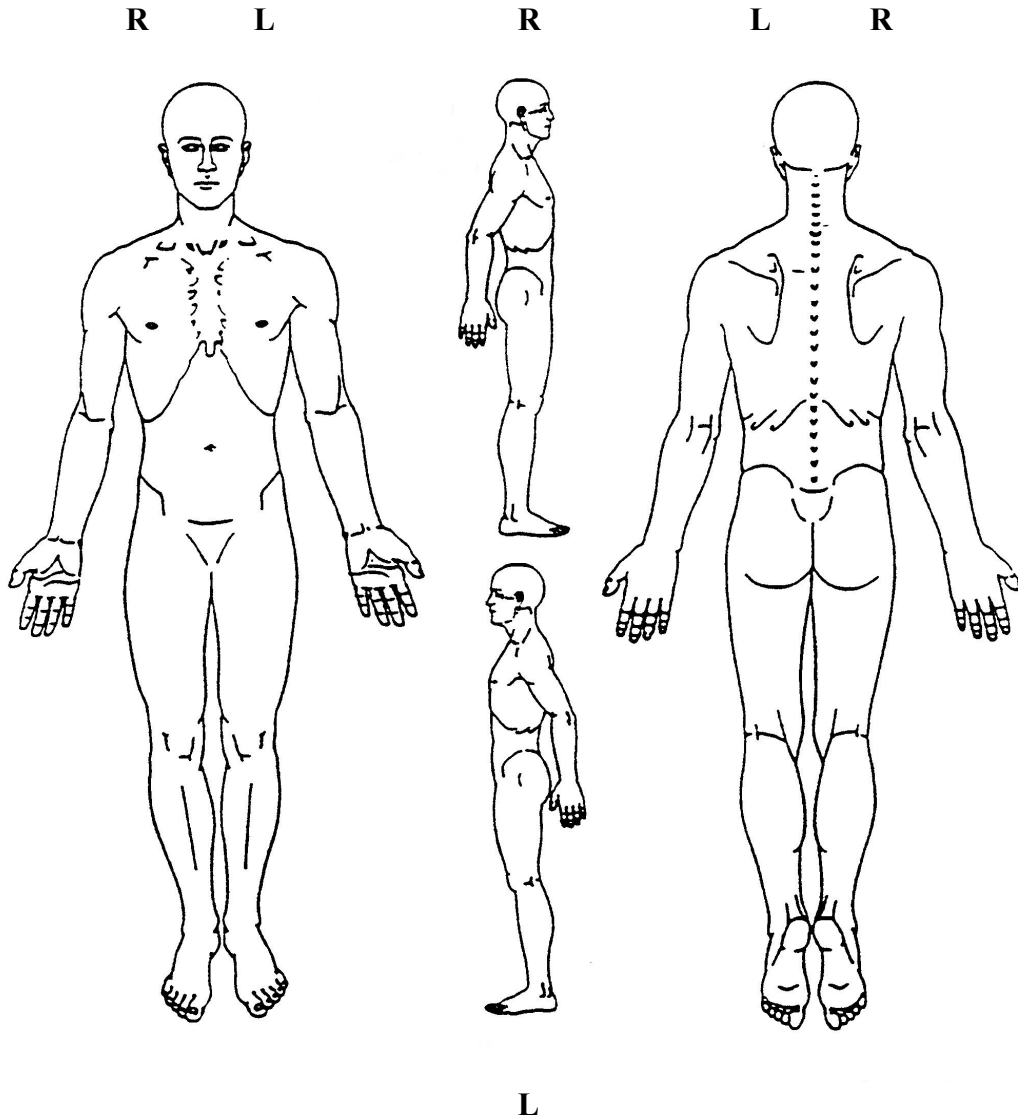


# PAIN DRAWING

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



Mark as follows:

**A**-Ache    **B**-Burning    **N**-Numbness    **P**-Pins & Needles    **S**- Stabbing

**O**- Other-Describe: \_\_\_\_\_

0    1    2    3    4    5    6    7    8    9    10

Please rate your pain level today on a scale of 0-10: 0=None 10=Severe