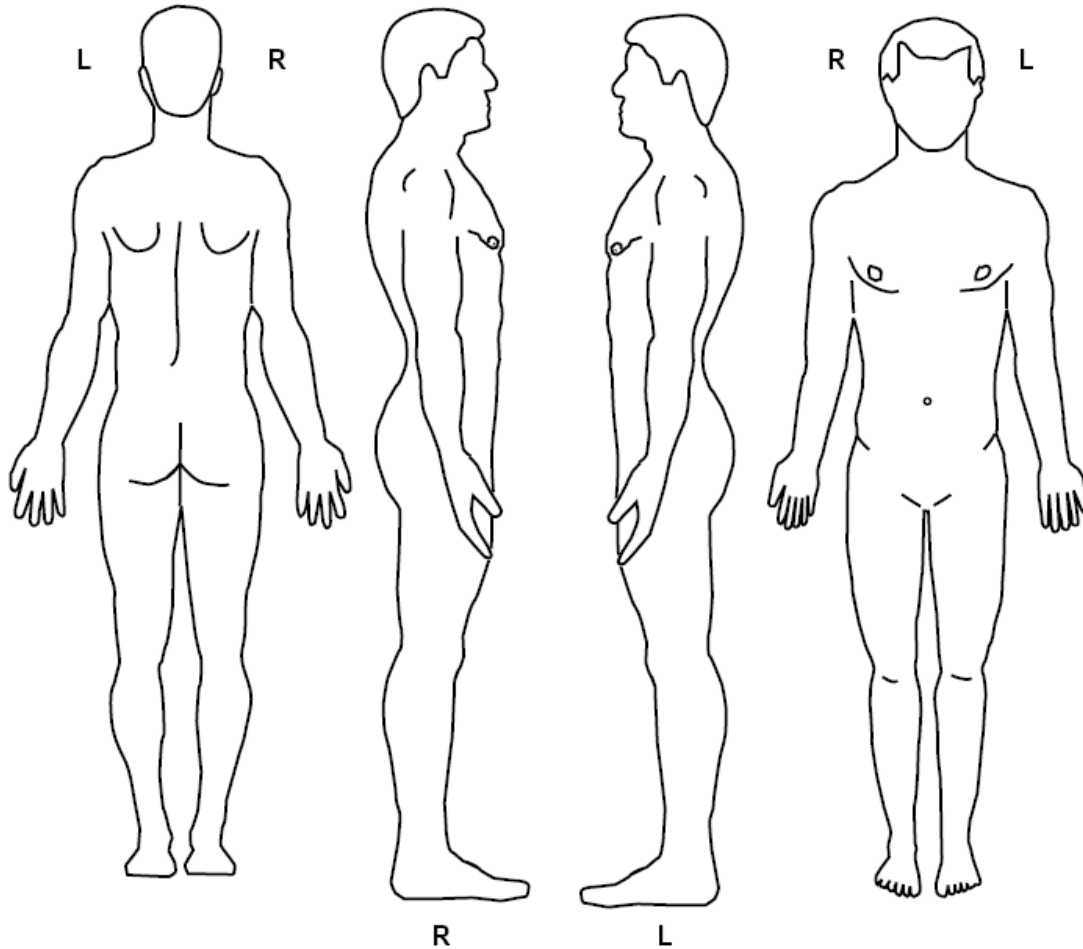


PAIN DRAWING

Name: _____ Date: _____

Please be sure to fill this out extremely accurately. Mark the area on your body where you feel the described sensation(s). Use the appropriate letter(s), mark areas of radiating pain, and include all affected areas. You may draw in the face as well.

Numbness = N Pins & Needles = P Burning = B Stabbing = S Aching = A Stiffness = F



VISUAL ANALOGUE SCALE

Please circle the pain level that most accurately represents your pain.
0 = no pain and 10 = unbearable pain.

a) Right Now:---- 0 1 2 3 4 5 6 7 8 9 10
 b) At Worst----- 0 1 2 3 4 5 6 7 8 9 10