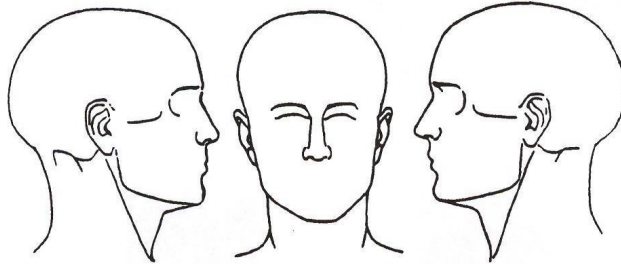


Pain Drawing _____

Patient's Name: _____

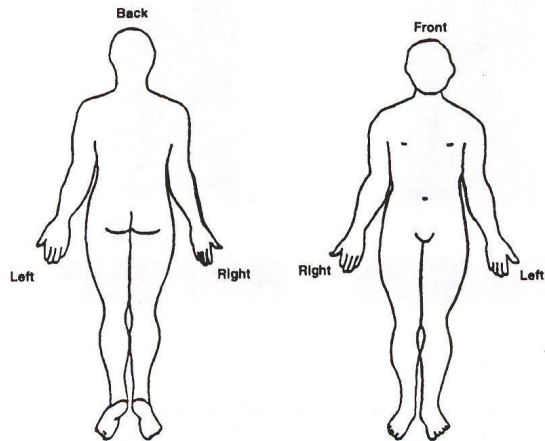
Draw location of your pain on body outlines and mark how bad it is on pain line at bottom of page. Please draw in your face.

Ache	Burning	Numbness	Pins and Needles	Stabbing	Other
^^^^^^	=====	o o o o o o	////////	x x x x x
^^^^	=====	o o o o	////	x x x



No Pain |-----| Worst Pain Possible

Please make a slash through this line as to the level of your pain.



No Pain |-----| Worst Pain Possible

Please make a slash through this line as to the level of your pain.

Patient's Signature _____ Date: _____