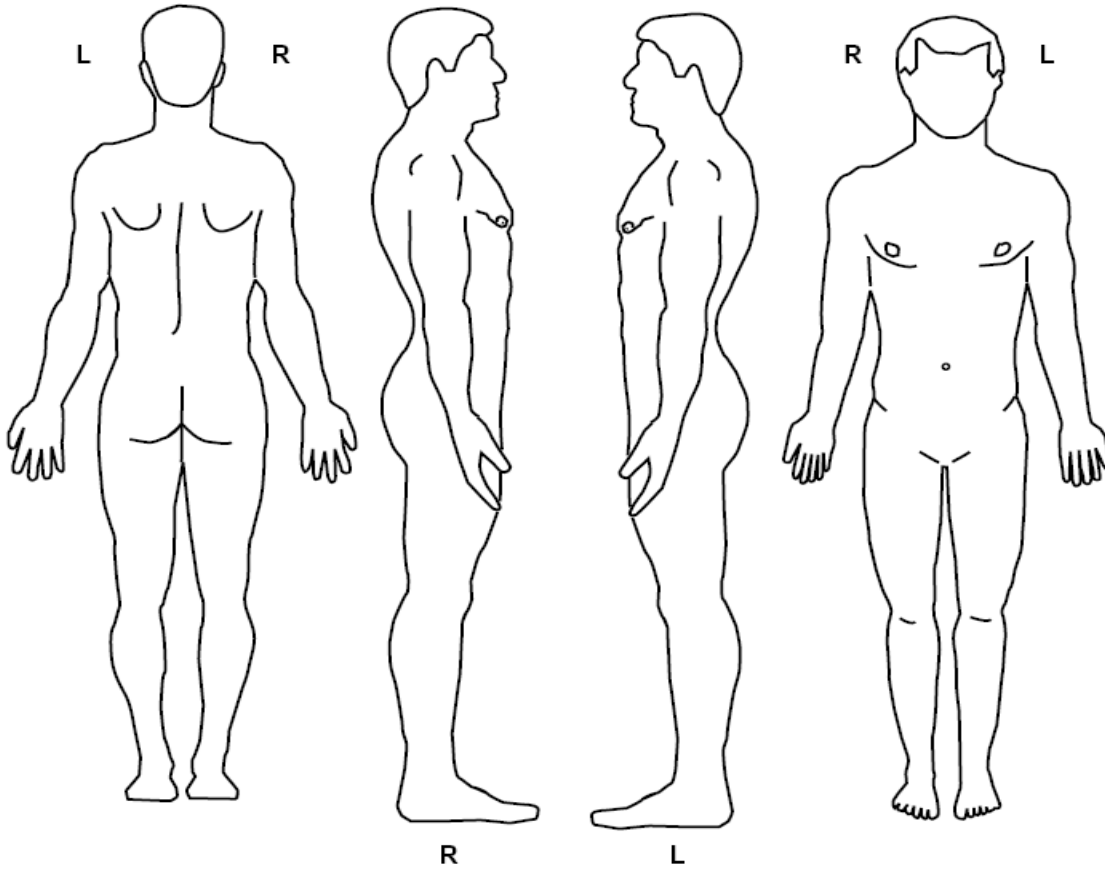


PAIN DRAWING

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.

Numbsness (N) Tingling (T) Burning (B) Stabbing (S) Aching (A)
Pain
Pain
Pain



VISUAL ANALOGUE SCALE

Please circle the pain level that most accurately represents your pain right now.

NO PAIN: 0 1 2 3 4 5 6 7 8 9 10 UNBEARABLE PAIN
Mild
Moderate
Severe

Range of Pain:

	Range of Pain										% of time spent in pain	
Average Pain -----	0	1	2	3	4	5	6	7	8	9	10	_____ %
At Best -----	0	1	2	3	4	5	6	7	8	9	10	+ _____ %
At Worst -----	0	1	2	3	4	5	6	7	8	9	10	+ _____ %
	= <u>100%</u>											