

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 symbol(s), mark areas of radiating pain, and include all affected areas. You may draw in the face as well.

KEY

///// Stabbing

XXXX Burning

00000 Pins & Needles

===== Numbness

+++++ Aching

PAIN LEVEL

0 No pain

1 Mild pain, you are aware of it but it doesn't bother you

2 Moderate pain that can tolerate w/o medication

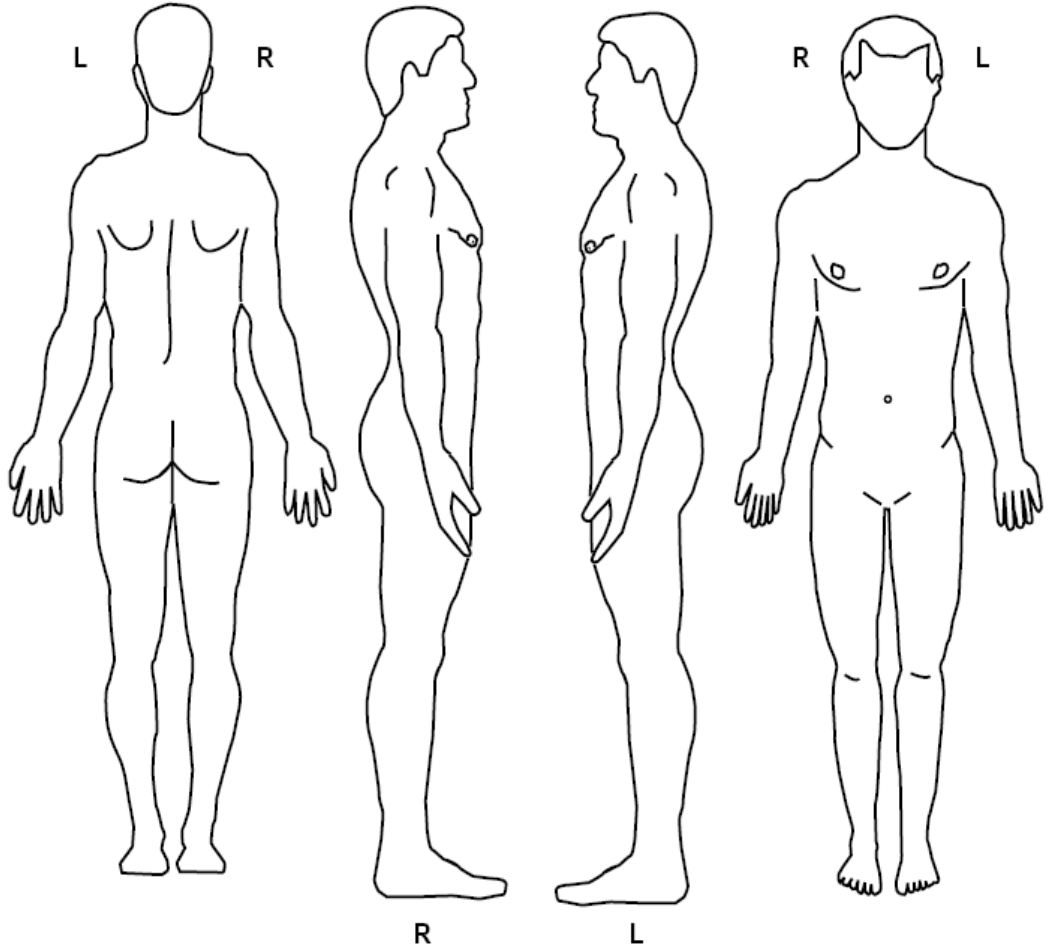
3 Moderate pain that requires medication

4-5 More severe pain; you begin to feel antisocial

6 Severe pain

7-9 Intensely severe pain

10 Most severe pain; it may make you contemplate suicide



VISUAL ANALOGUE SCALE

Please mark on the line the pain level that most accurately represents your pain:

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

- a) Right Now:---- 0 1 2 3 4 5 6 7 8 9 10 _____
- b) Average Pain 0 1 2 3 4 5 6 7 8 9 10 _____
- c) At Best ----- 0 1 2 3 4 5 6 7 8 9 10 _____
- d) At Worst----- 0 1 2 3 4 5 6 7 8 9 10 _____