

PAIN DRAWING AND SCALE REVIEW

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas. Just to complete the picture, please draw in your face.

Aching
▲▲▲

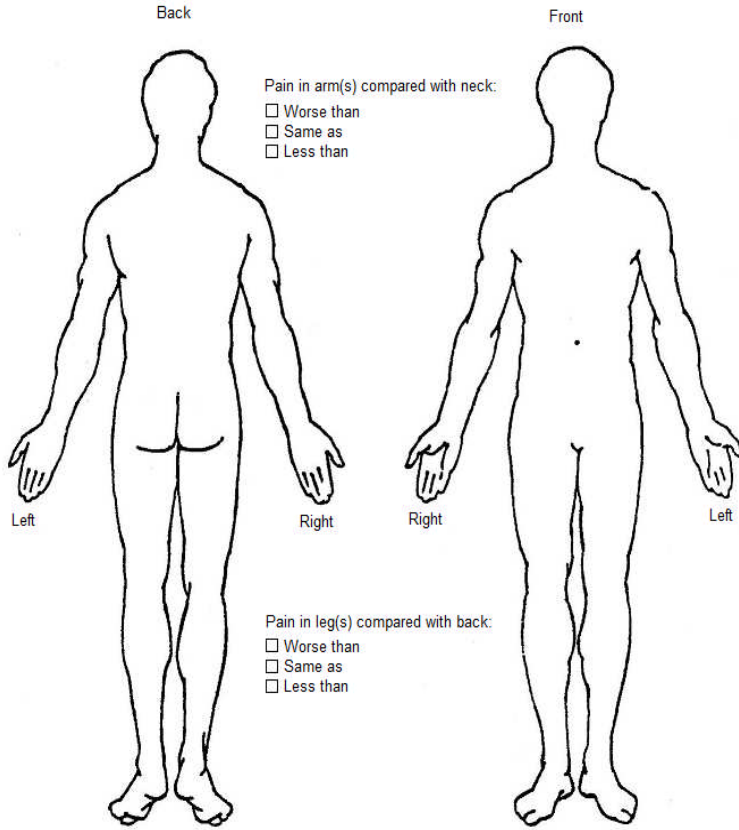
Numbness
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Pins and needles
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Burning
xxx

Stabbing
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Other
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Location of pain or symptoms (indicate on drawing using above symbols):

How bad is the pain on a scale of 1 (best) to 10 (worst)?

1 2 3 4 5 6 7 8 9 10 (circle)

How often is the pain present? _____

Is pain referred? _____

Sensation _____

ACTIVITIES: Is your pain aggravated by any of these?

- _____ coughing or sneezing
- _____ sitting in a chair
- _____ bending forward to brush teeth
- _____ when you wake up

- _____ in the middle of the night
- _____ lying flat on your back
- _____ lying flat on your stomach
- _____ lying with your knees bent
- _____ walking a distance