|  |  |
| --- | --- |
| Name: |  |

**PAIN DRAWING & SCALE**

**TELL US WHERE YOU HURT**

Mark the areas on your body where you feel your pain. Include all affected areas. If you pain radiates, draw an arrow from where it starts to where it stops. Please extend the arrow as far as the pain travels. Use the appropriate symbol(s) listed below.

Ache > > > > > Numbness = = = = = Pins & Needles 0 0 0 0 0

Burning x x x x x Stabbing / / / / / / / Throbbing

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TELL US HOW MUCH YOU HURT

On a scale of 0 to 10, please mark with an X the level of you pain today. 0 indicates no pain while 10 indicates the worst pain you have ever experienced.

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| --- |
| 0 1 2 3 4 5 6 7 8 9 10 |
|  |

Pain Drawing & Scale