

# Patient Pain Drawing

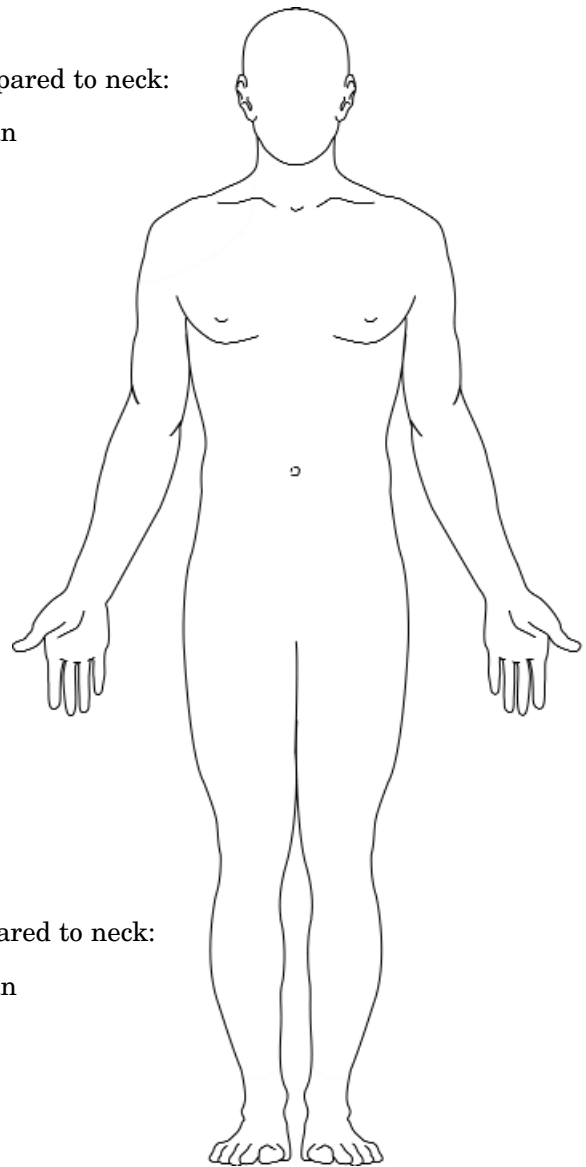
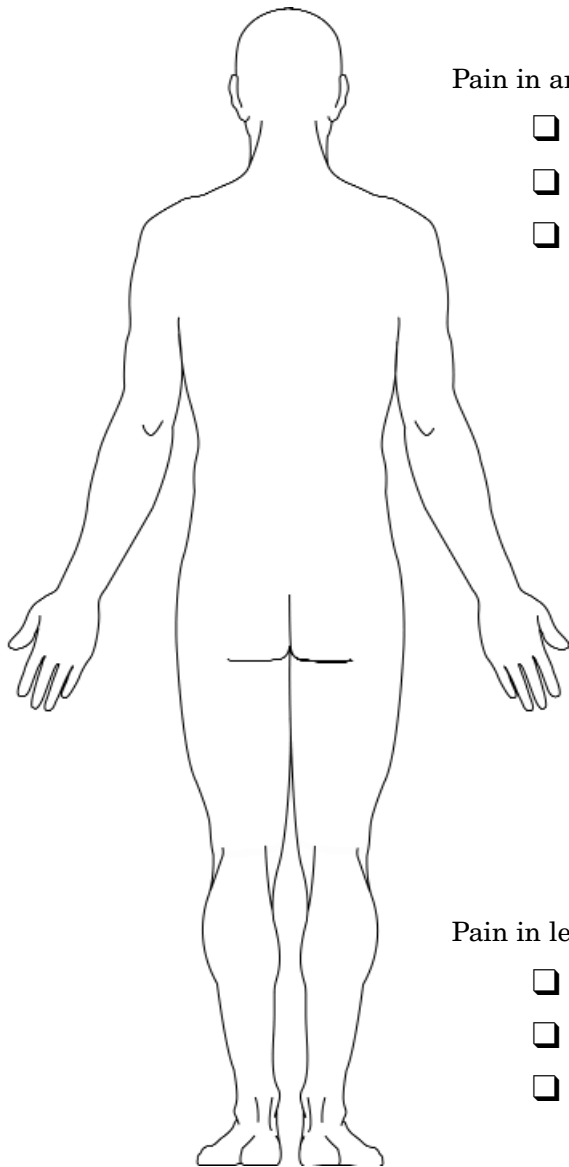
Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Mark the areas on your body where you feel the described sensations. Use the appropriate symbol. Include all affected areas. Just to complete the picture, please draw in your face.

Ache	Numbness	Pins and needles	Burning	Stabbing
△△△△△	=====	○○○○○○	×××××	/////

Back

Front



Pain in arm(s) compared to neck:

- worse than
- same as
- less than

Pain in leg(s) compared to neck:

- worse than
- same as
- less than

Signature: \_\_\_\_\_ Date: \_\_\_\_\_