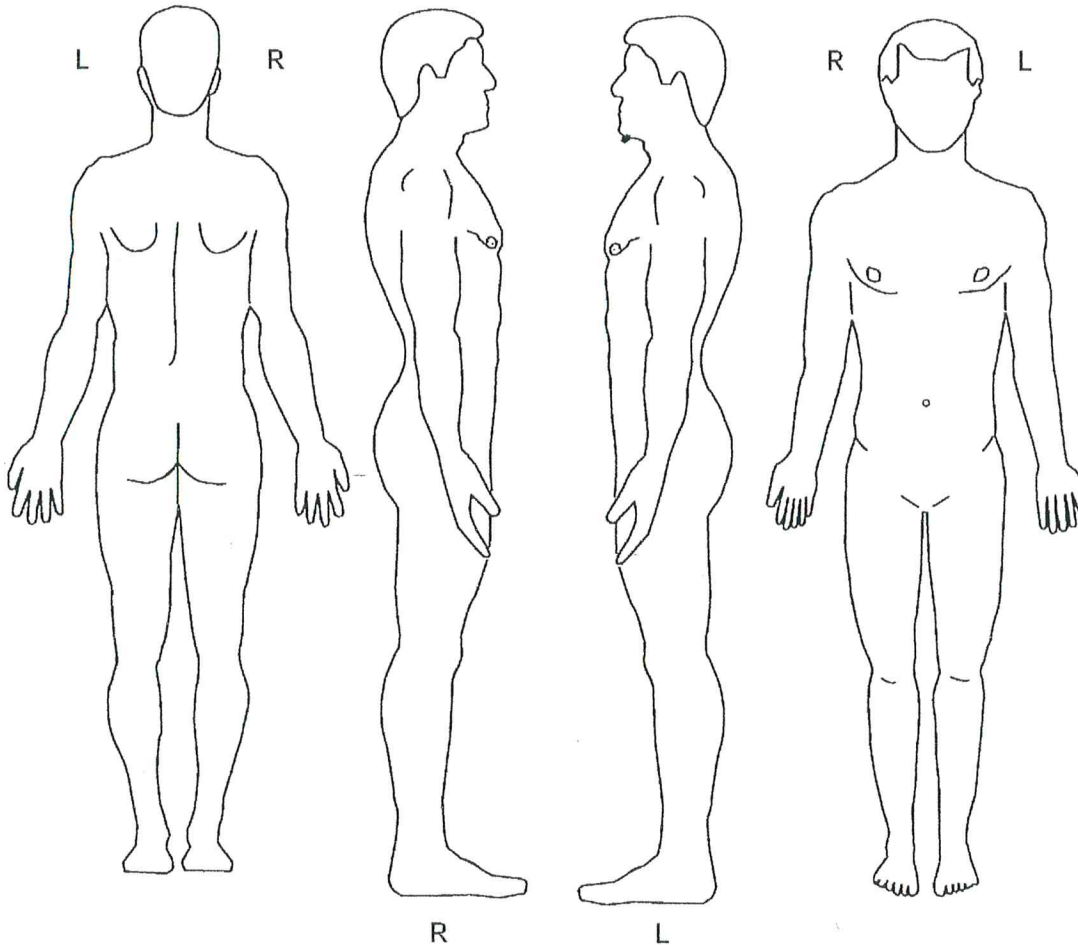


PAIN DRAWING

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.

| | | | | |
|----------------|------------------|-------------------|-------------------------|----------------|
| Numbness ----- | Pins & oooooooo | Burning xxxxxxxxx | Stabbing ////////////// | Aching (((((((|
| ----- | Needles oooooooo | Pain xxxxxxxxx | Pain ////////////// | Pain (((((((|



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 | _____ |

XX