

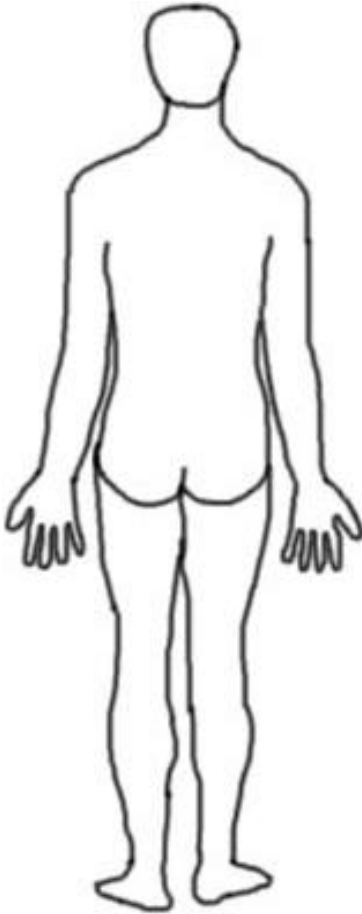
PATIENT PAIN DRAWING

Name _____

Date ___/___/___

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

Aching	Numbness	Pins and Needles	Burning	Stabing	Other
+++++	=====	●●●●●	XXXXX	▽▽▽▽▽	00000

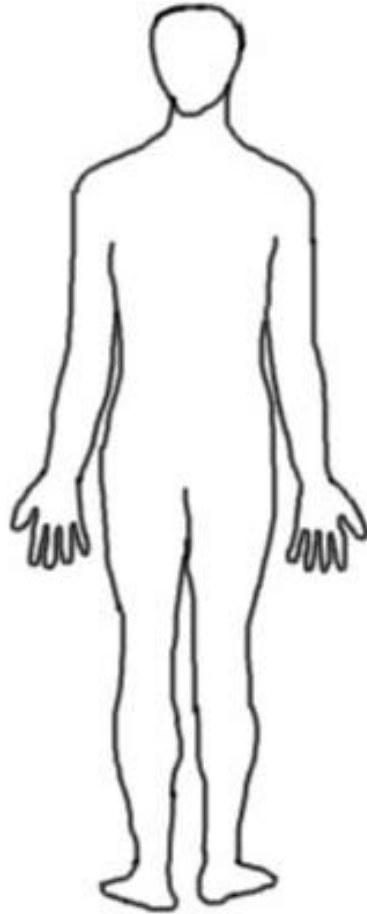


Pain in arms(s) Compared with pain in the neck.

___ Worse than

___ Same as

___ Less than



Pain in the Leg(s) compared to With the Back:

___ Worse than

___ Same as

___ Less than

Is your pain aggravated by any of the following?

___ Coughing or sneezing

___ Sitting in a chair

___ Bending forward to brush teeth

___ When you wake up

___ In the middle or the night

___ Lying flat on your back

___ Lying flat on your stomach

___ Walking a distance