

Patient Pain Drawing

Name: _____ Date: _____

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas.

Aching ++++	Numbness =====	Pins & Needles ●●●●●	Burning XXXXX	Stabbing VVVVV	Other 00000
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Pain in arm(s) compared with pain in the neck.

___ worse than

___ same as

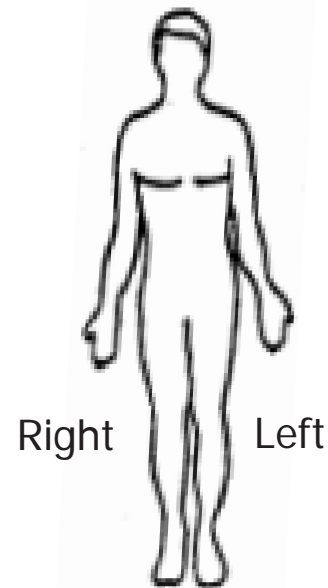
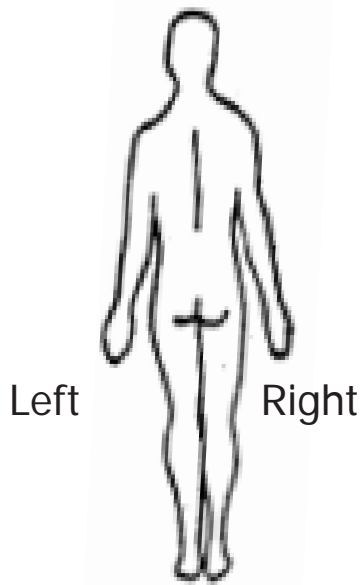
___ less than

Pain in leg(s) compared with pain in the back.

___ worse than

___ same as

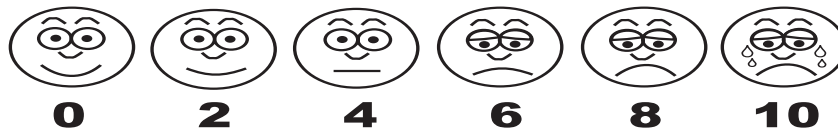
___ less than



Please mark your current pain level

0 1 2 3 4 5 6 7 8 9 10
no pain worst pain possible

Modified Faces Pain Rating Scale



Is your pain aggravated by any of the following?

___ coughing or sneezing

___ in the middle of the night

___ sitting in a chair

___ lying flat on your back

___ bending forward to brush teeth

___ lying flat on your stomach

___ when you wake up

___ walking a distance