

Pain Drawing

Name _____ Date _____

Please be sure to fill this out accurately. Mark the area on your body where you feel the described sensation(s). Use the appropriate key and mark the areas of radiating pain, and all the affected areas. You may draw in the face as well.

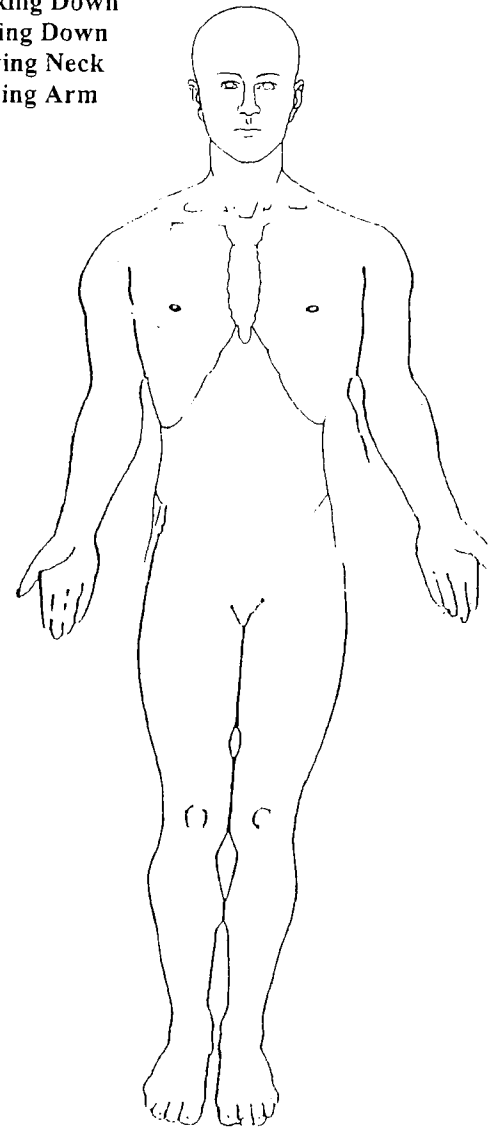
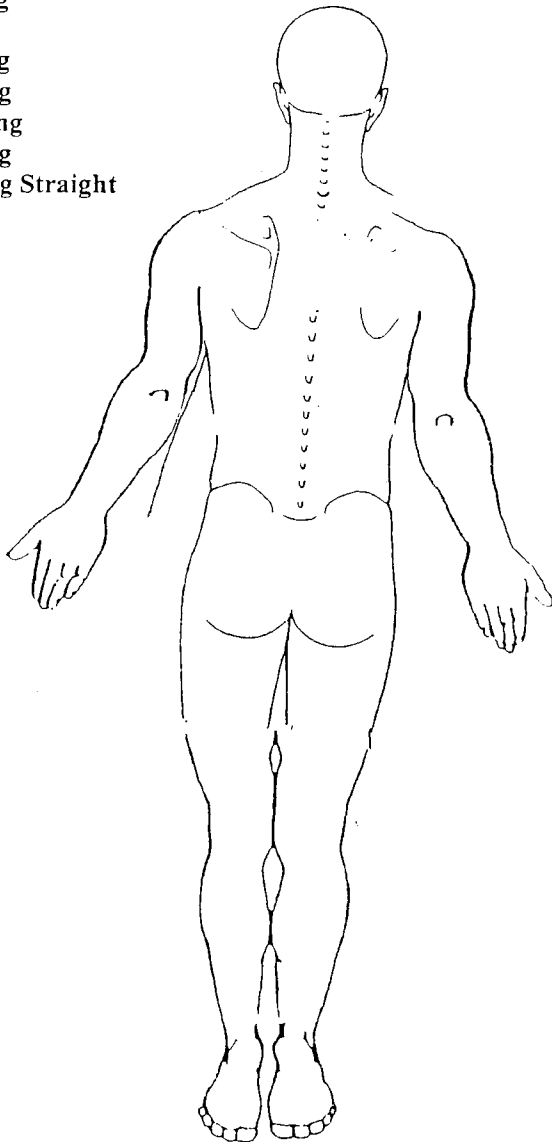
N = Numbness P = Pins & Needles B= Burning Pain S= Stabbing Pain A= Aching Pain

Low Back (✓ below what makes it worse)

- _____ Sitting
- _____ Standing
- _____ Bending
- _____ Laying
- _____ Walking
- _____ Twisting
- _____ Coughing
- _____ Sneezing
- _____ Standing Straight
- _____ Driving

Neck (✓ below what makes it worse)

- _____ Turning Head
- _____ Looking Up
- _____ Looking Down
- _____ Laying Down
- _____ Moving Neck
- _____ Raising Arm



ON PAIN SCALE OF 1-10, WITH 10 BEING WORST, RATE YOUR AREA OF PAIN. _____