

# PAIN DRAWING

Please draw in the appropriate location of pain with the symbol that best describes the discomfort you are presently experiencing. Be very accurate and very complete. Then answer questions below.

For Doctor Only:

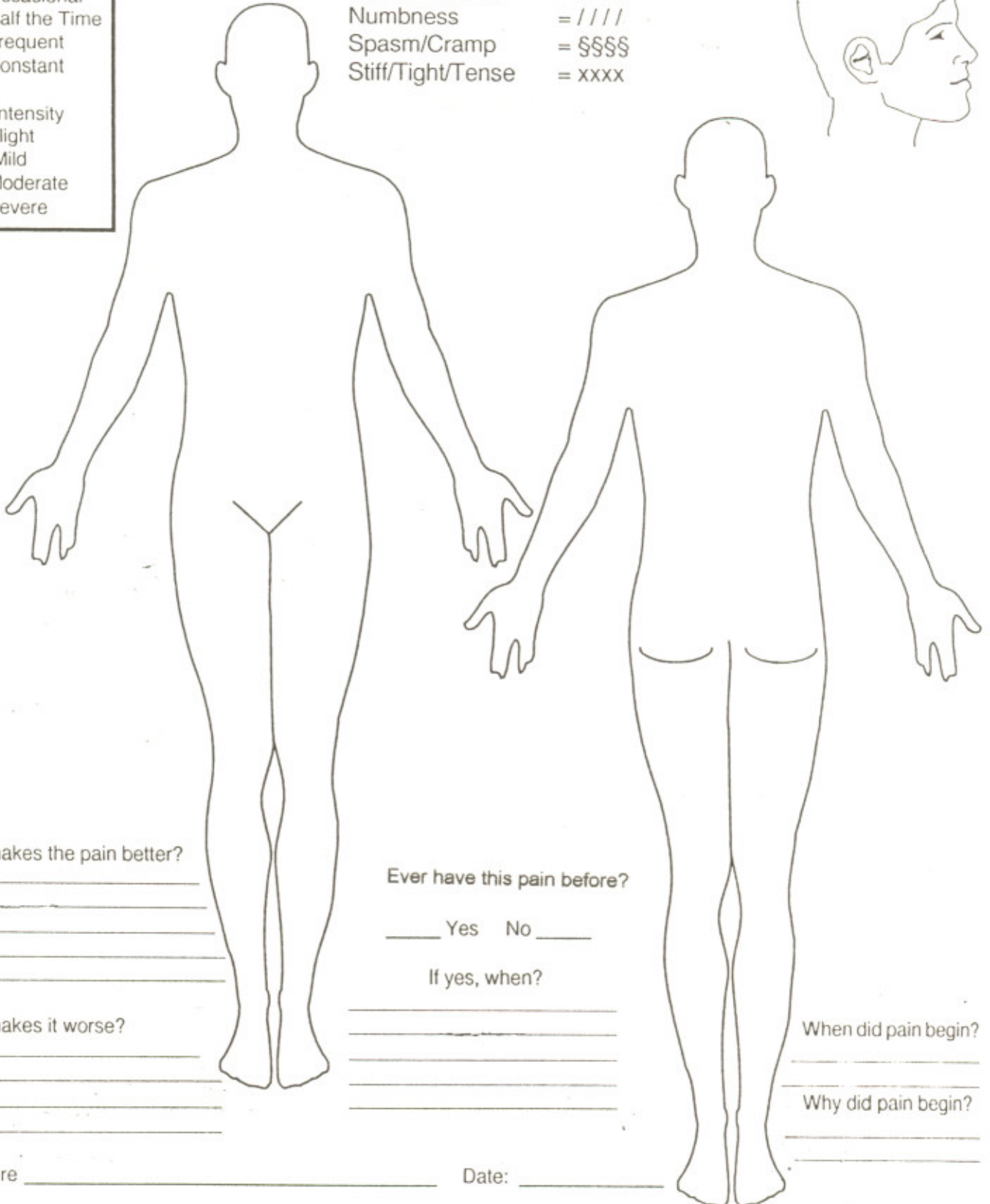
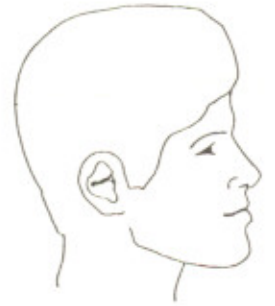
• Frequency

- A Occasional
- B Half the Time
- C Frequent
- D Constant

• Intensity

- 1 Slight
- 2 Mild
- 3 Moderate
- 4 Severe

- Sharp & Stabbing = +++++
- Dull & Achy = vvvv
- Pins & Needles = oooo
- Numbness = ////
- Spasm/Cramp = \$\$\$\$
- Stiff/Tight/Tense = xxxx



What makes the pain better?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What makes it worse?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ever have this pain before?

\_\_\_\_\_ Yes No \_\_\_\_\_

If yes, when?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did pain begin?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why did pain begin?

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

Case# \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

How do you feel today?

