

PAIN DRAWING

The pain drawing allows the patient to assess his or her own pain:

Name: _____

Date: _____

Where is your pain now?

Mark the areas on your body where you feel the sensations described below, using the appropriate symbols. Mark the areas of radiation, including all affected areas. Please mark an X on the area where the pain is now worst.

Aching

△△△

Numbness

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Pins and needles

○○○

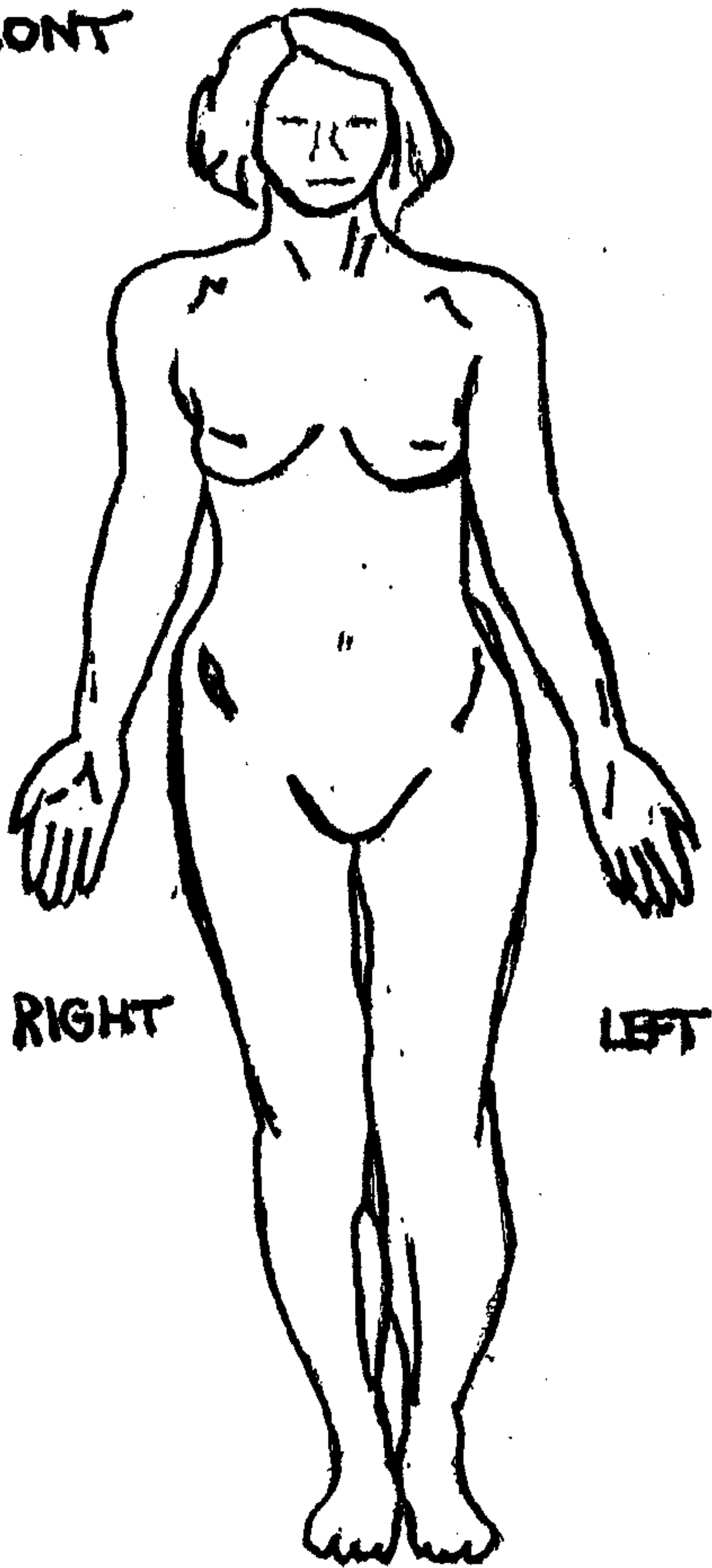
Burning

XXX

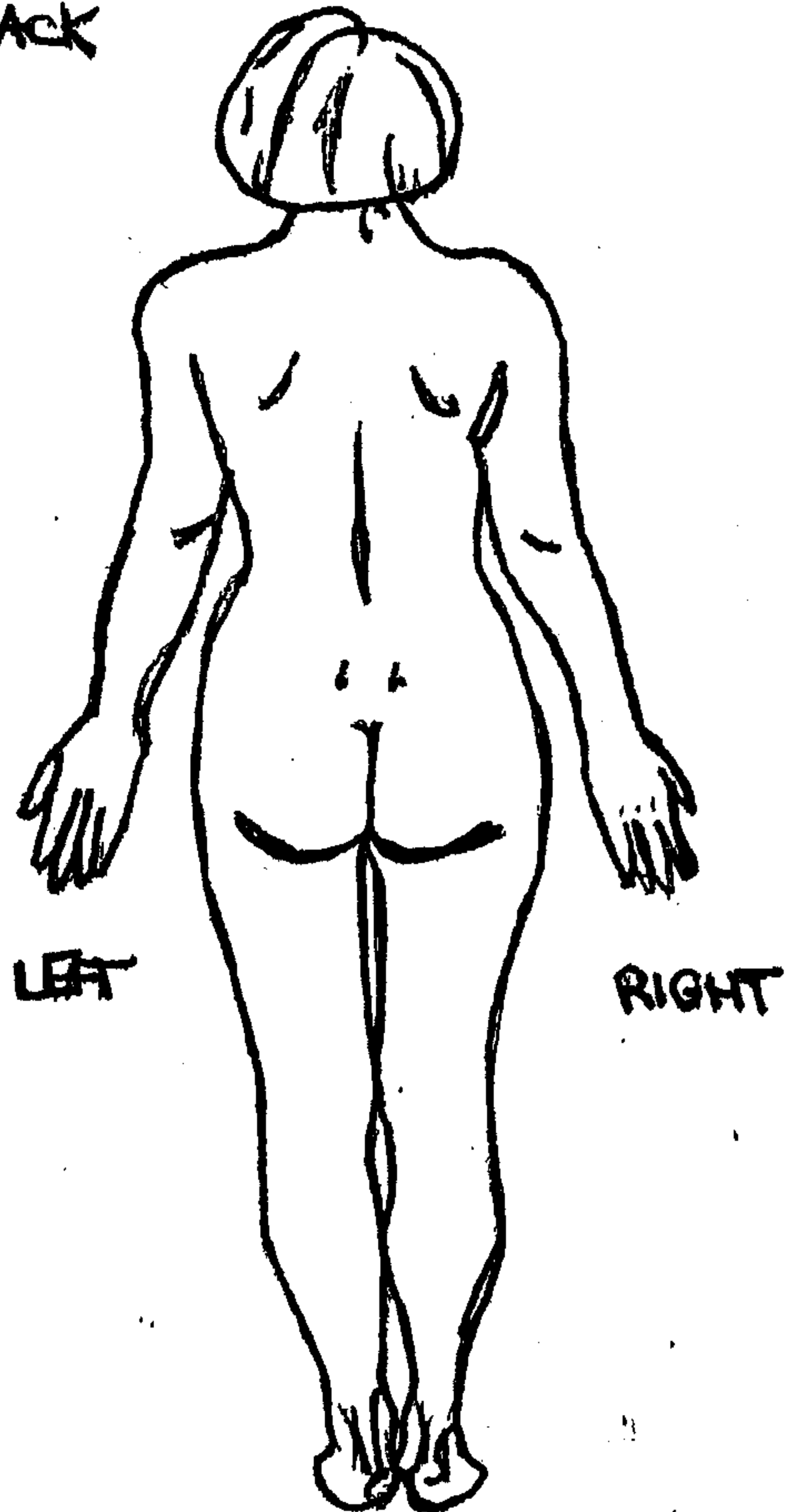
Stabbing

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FRONT



BACK



How bad is your pain?

On a scale of 1 to 10, circle your pain.

At its very worst

No pain 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10

Worst possible pain (would cause you to faint or go to emergency room)

Now

1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10

Overall, is your pain generally:

Improving

Same

Worsening

DO YOU WISH TO HAVE ONE OF DR. HILL'S STAFF PRESENT DURING YOUR EXAM? YES / NO (PLEASE CIRCLE ONE)