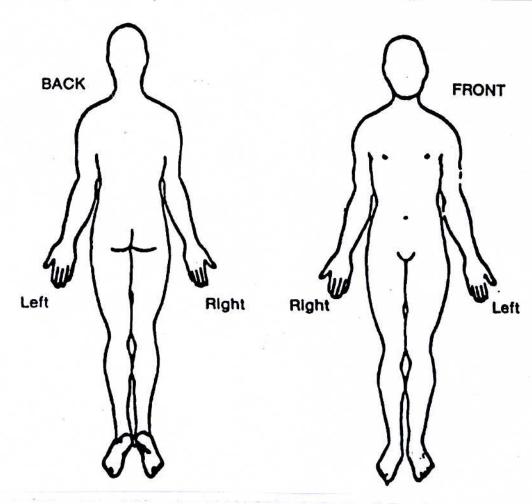
PAIN DRAWING

DATE	NAME	
	2002.04. 0400	

Draw location of your pain on the body outline. Indicate the type of pain by marking box, and level of pain (using numbers 1 to 10) on pain line at the bottom of the page.

□Ache □Burning □Numbness □Pins and Needles □Stabbing □Other_____



1 No Pain 2 3 4 5 6 7 8 9 Worst possible pain 10

Signature _____ Date ____