

PATIENT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

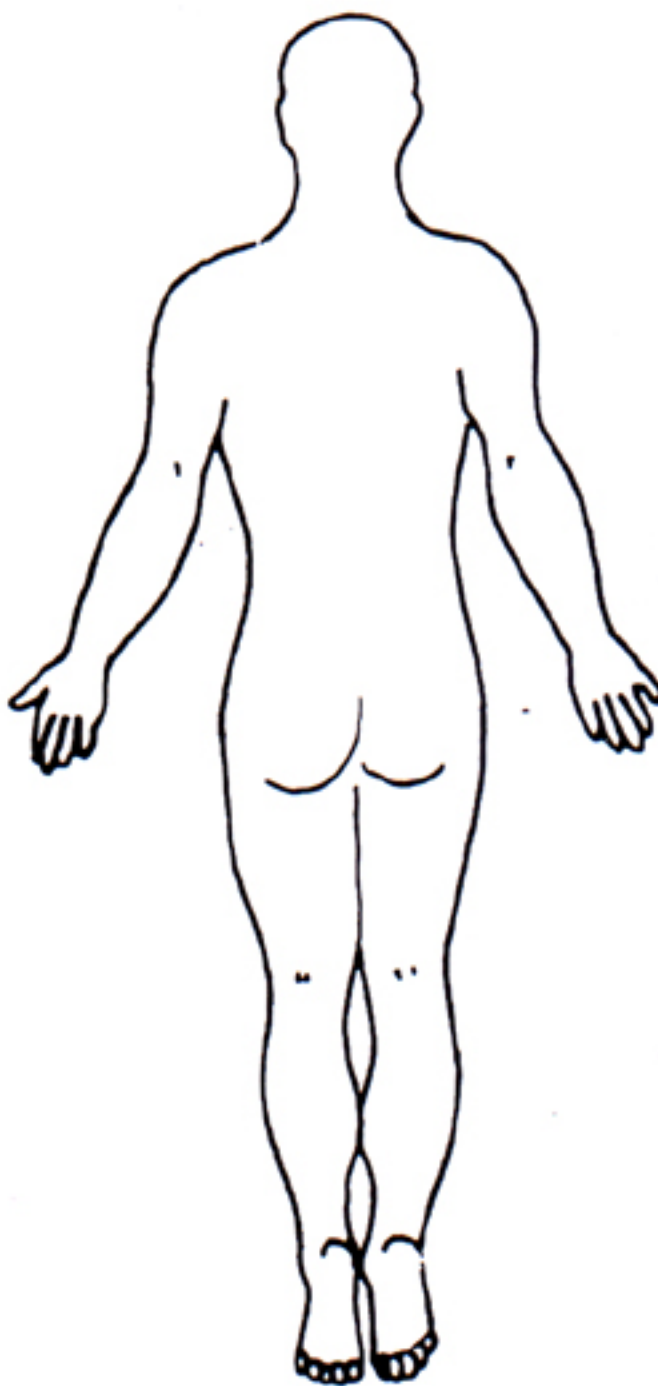
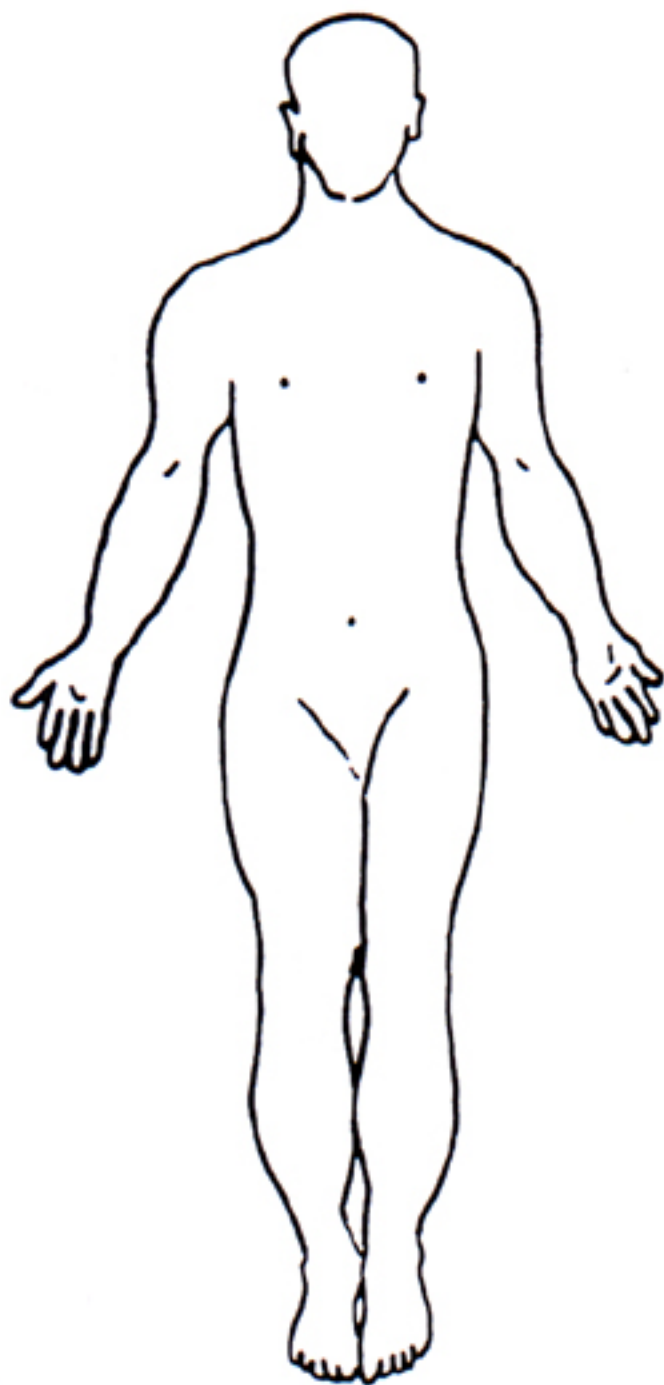
% BACK PAIN \_\_\_\_\_ % LEG PAIN \_\_\_\_\_ DATE \_\_\_\_\_

# PAIN DRAWING

Draw the location of your pain on the body outlines.

FRONT

BACK



On a scale of 1 to 10 with 1 being no pain and 10 being intolerable pain, circle the number that would indicate your pain level.

1      2      3      4      5      6      7      8      9      10

Patient Name: \_\_\_\_\_

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

SHADE IN YOUR AREA OF PAIN

