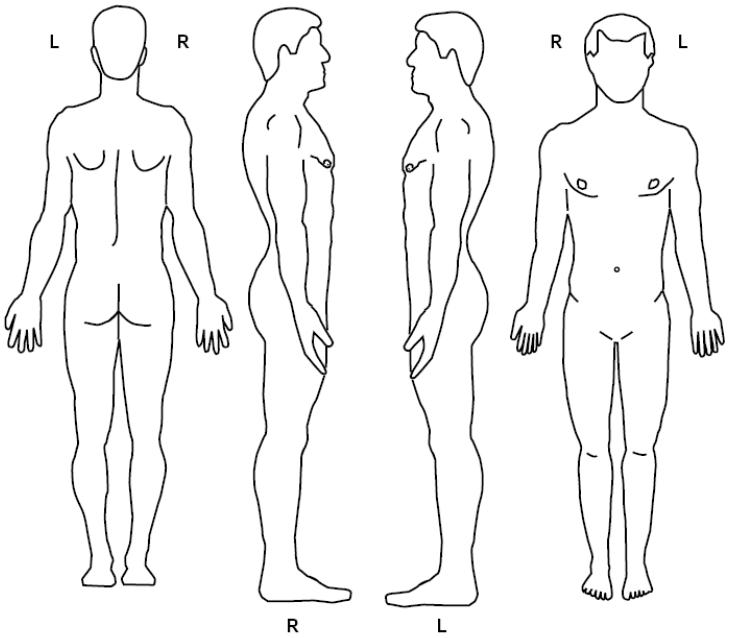
# PAIN DRAWING

Name: _____ Date: _____

Please list your bodily complaints
Below and mark your pain
on the drawing:

**1)** _____
_____
**2)** _____
_____
**3)** _____
_____
**4)** _____
_____
**5)** _____
_____




**Legend:**
numbness -----
pins&needles oooo
burning pain xxxx
stabbing pain /////
aching pain (((((

Please circle the # that best represents your level of pain: **No Pain** **Unbearable Pain**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| a) Right Now: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| b) Average Pain during a day: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| c) At Best: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| d) At Worst: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

- Do you have the pain 25% 50% 75% 100% of the day?
- When did your pain start?_____ How many days a week do you have pain? 1 2 3 4 5 6 7

Over the past few days, on average, how much has your complaint

| | **No problem** | | | | | | | | | **Worst** |
|---|---|---|---|---|---|---|---|---|---|---|
| … interfered with your daily activities (housework, washing, dressing, lifting, walking, reading, driving, climbing stairs, getting in/out of bed/chair, sleeping)? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| …interfered with your normal social routine including recreational, social, and family activities? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| …made you anxious (uptight, tense, irritable, difficulty in relaxing/concentrating)? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| …made you depressed (down-in-the-dumps, sad, in low spirits, pessimistic, lethargic)? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| …interfered with your work (both inside the home and/or employed work)? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| …been able to be controlled (helped/reduced) by yourself? | Fully able | | | | | | | | | not at all |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Patient Signature: _____