

Pain Drawing

Name: _____

Date: _____

Mark the location of your pain on the body outlines below. Please put a number from 1-10 near the area of your pain. 1 being No pain-2-3-4-5-6-7-8-9-10 being the most Severe pain.

Also label: **A**-for achy **B**-for burning **N**-for numbness **P&N**-for pins and needles

S-for stabbing **Other:** _____

