

Name: _____

Date: _____

Pain Drawing

Draw location of your pain on the figures below using the following symbols:

Ache

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Numbness

○○○○○

Stabbing

/ / / /

Pins and Needles

●●●●●●●●

Electric

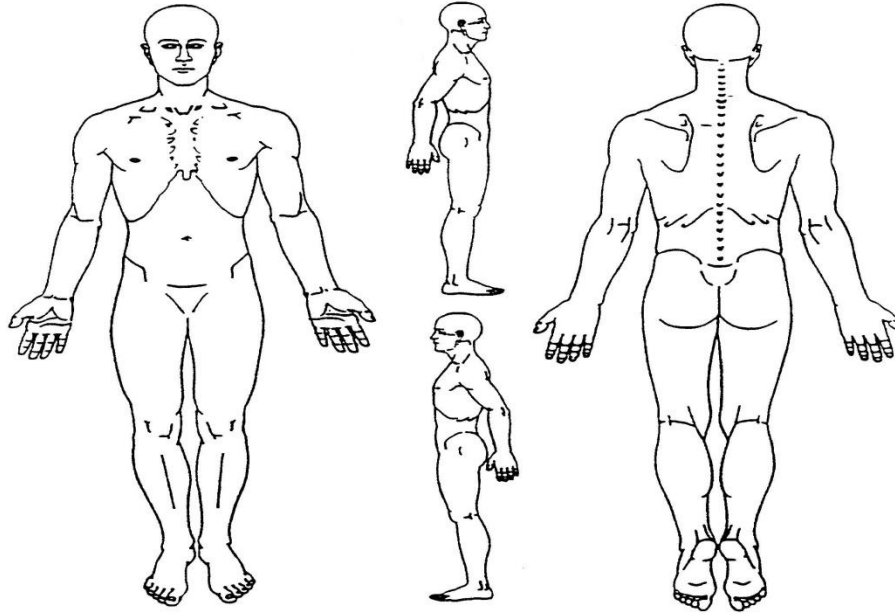
ΛΛΛΛΛΛ

Burning

XXXXXX

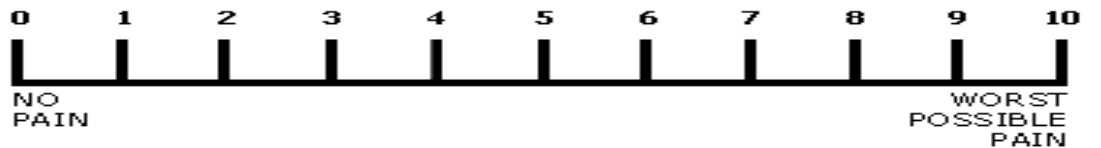
Other

≡≡≡

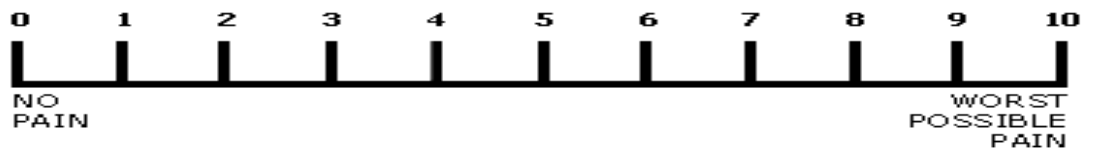


Area of pain:

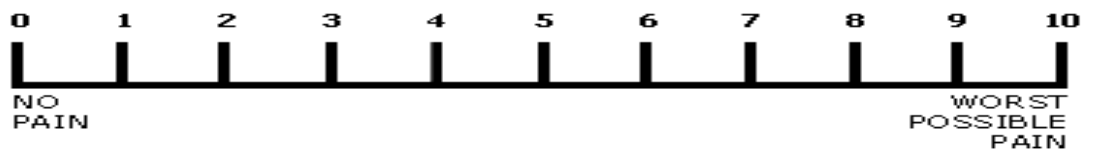
Pain Intensity Scale per Area



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