



LANCASTER
**NEUROSCIENCE
& SPINE ASSOCIATES**

Pain Drawing

Date: _____ Name: _____

Draw the location of your pain on the body outlines and mark how bad it is on the pain line at the bottom of the page.

Ache
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Burning  
\*\*\*\*

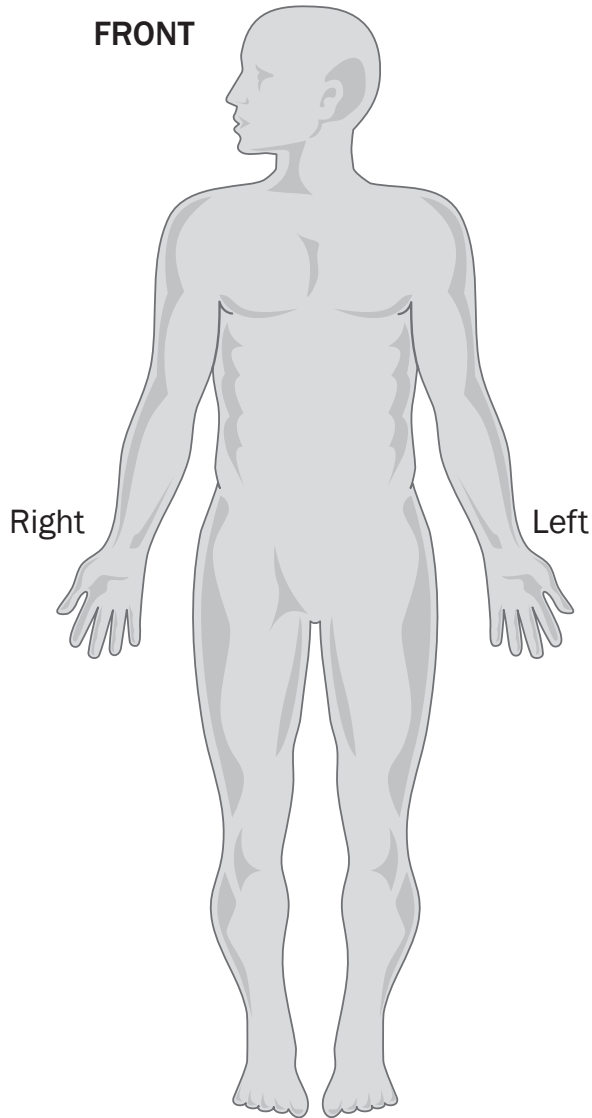
Numbness  
ooooooo

Pins & Needles  
.....

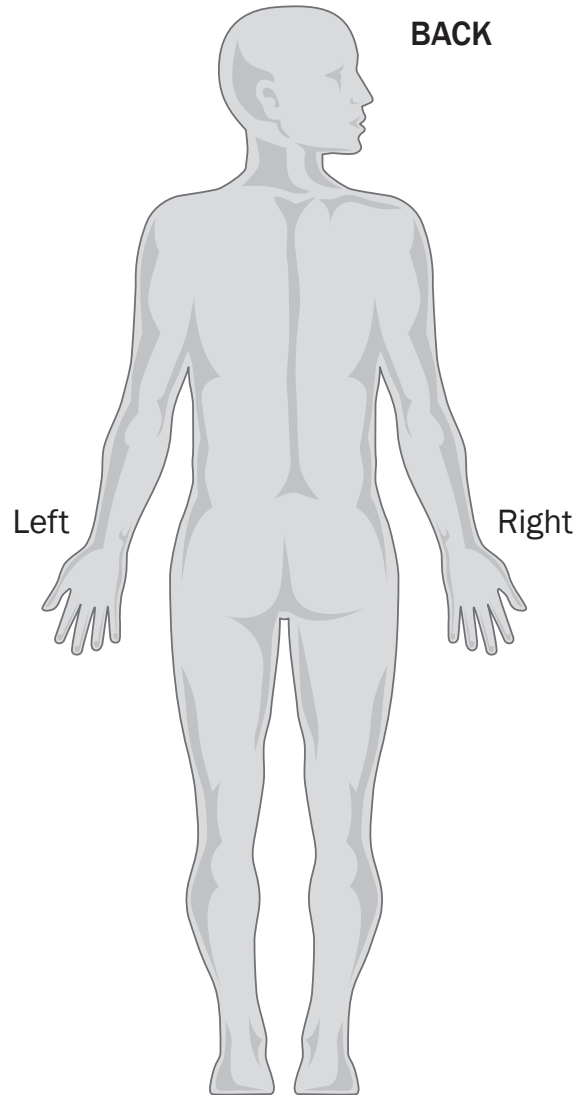
Stabbing  
/////

Other  
XXXX

**FRONT**



**BACK**



Draw a perpendicular line to indicate your typical level of pain during the past week

**NO PAIN**

0

PAIN LINE

10

**WORST  
POSSIBLE PAIN**