



## Pain Drawing

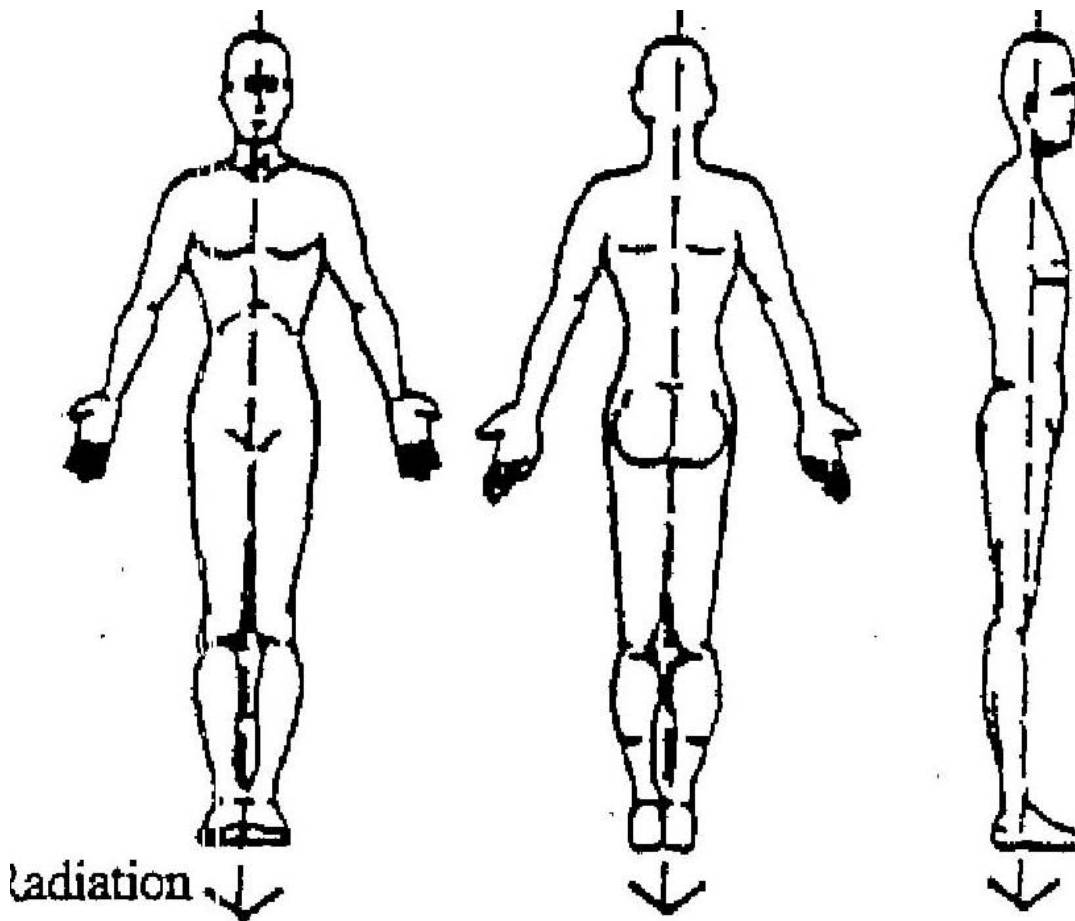
Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Use letters below to indicate type and location of discomfort

A = ACHE  
N = NUMBING

B = BURNING  
P = PINS & NEEDLES

C = STABBING  
O = OTHER



## Visual Analogue Scale

Please place a mark through the line below that most accurately represents the pain you are experiencing at this moment. Please not the expressions at either end of the line.

(No pain at all) 0 \_\_\_\_\_ 10 (Pain as bad as it could be)