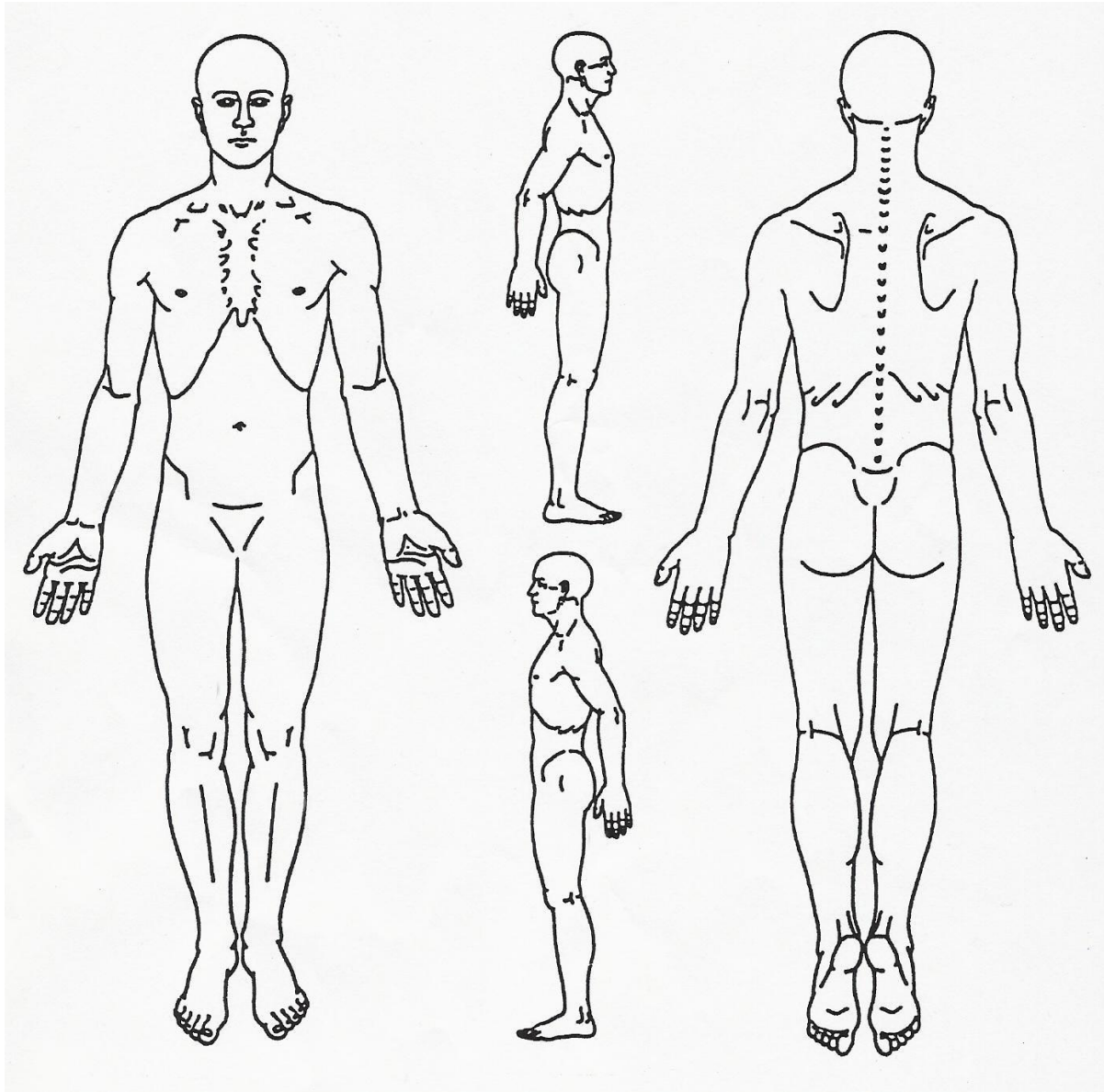


# PAIN DRAWING

Please mark the figures below with the letters that best describe the sensation or pain you are feeling. Please mark areas where pain radiates or spreads with a ↑, ↓, or ←, → arrow to indicate the direction of radiating pain.  
(Include all affected areas)

<b>A = Ache</b>	<b>B = Burning</b>	<b>R = Radiating Pain</b>	<b>D = Dull Pain</b>
<b>N = Numbness</b>	<b>S = Stabbing</b>	<b>P = Pins &amp; Needles</b>	<b>O = Other</b>



**Please indicate how you would rate your pain**    0   1   2   3   4   5   6   7   8   9   10

**Frequency of waking hours**    ( ) 0-25%    ( ) 26-50%    ( ) 51-75%    ( ) 76-100%

NAME: (please print) \_\_\_\_\_

How long have you experienced neck/back pain?    \_\_\_\_\_ Years    \_\_\_\_\_ Months    \_\_\_\_\_ Weeks

Is this your first episode of neck/back pain?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_