

Full Name _____

PAIN DRAWING

Date _____

Please indicate what symptoms you're having NOW by writing the appropriate letter(s) on the affected body part(s). Feel free to make up your own letter(s) if those below don't adequately describe your symptoms.

- A = Aching
- B = Burning
- C = Clicking, popping, snapping
- G = Grating, grinding
- N = Numbness
- P = Pins-and-needles
- S = Sharp, stabbing
- T = Throbbing
- W = Weakness

____ = _____
____ = _____

