



CEDARS-SINAI MEDICAL CENTER.
INSTITUTE FOR SPINAL DISORDERS

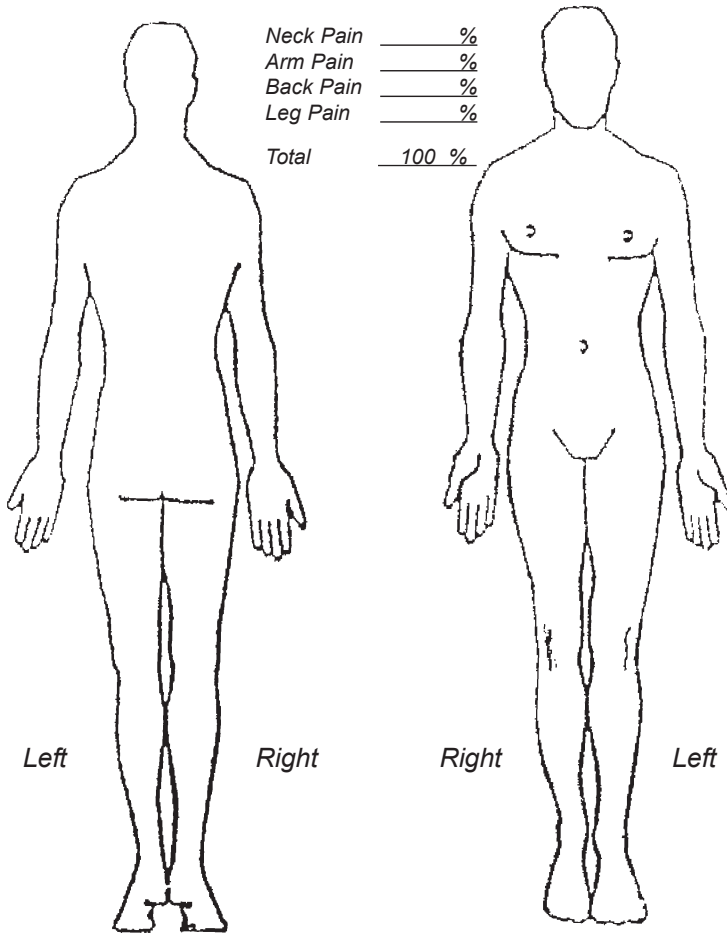
PAIN DRAWING

Patient Name: _____ Date: _____

Age: _____

WHERE IS YOUR PAIN NOW?

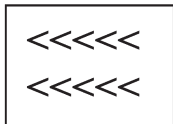
Mark the areas on your body where you feel the described sensations. Use the appropriate symbol. Mark the areas of radiation. Include all affected areas.



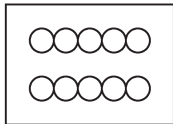
TYPE OF PAIN

SYMBOL

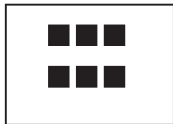
Ache



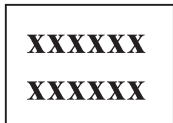
Numbness



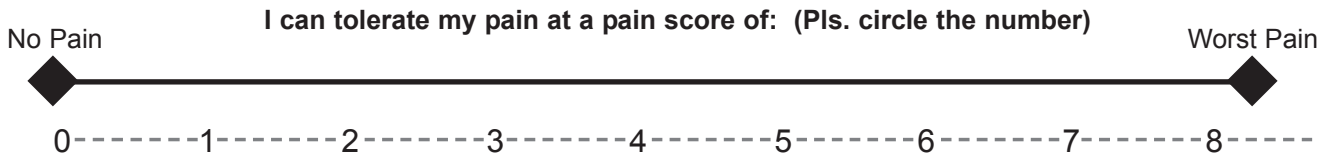
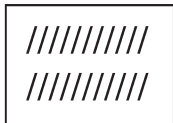
Pins & Needles



Burning



Radiating Pain



PLEASE CIRCLE THE DURATION OF PAIN:

Continuous

Positional

Intermittent (On/Off)

Unable to Rate