



CAROLINA SPINE & HAND, PA

1809 BRENNER AVE SUITE 102 SALISBURY NC 28144 704 636 4646 T 704 636 4447 F

WWW.CAROLINASPINEANDHAND.COM

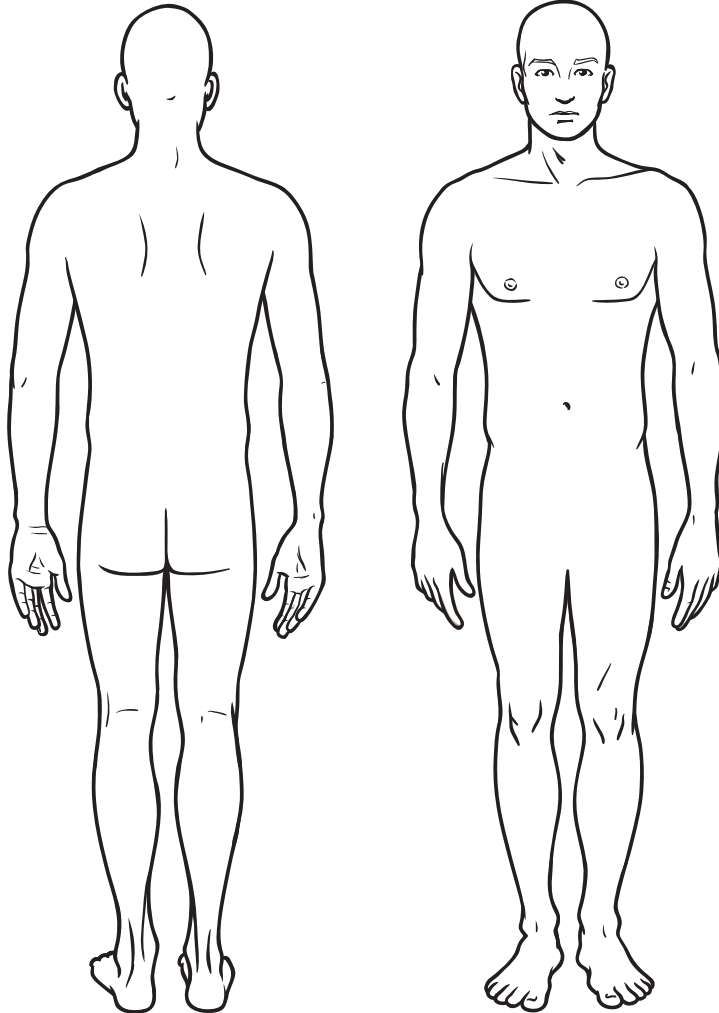
Pain Drawing

Patient Name _____ Date _____

DRAW the location of your pain on the figures below.

FRONT VIEW

BACK VIEW



On a scale of 1 to 10 (with 1 being no pain and 10 being intolerable pain), please CIRCLE the number that would indicate your pain level.

Today	1	2	3	4	5	6	7	8	9	10
The LEAST it ever gets	1	2	3	4	5	6	7	8	9	10
The MOST it ever gets	1	2	3	4	5	6	7	8	9	10
Most Mornings	1	2	3	4	5	6	7	8	9	10
Most Days	1	2	3	4	5	6	7	8	9	10
Most Evenings	1	2	3	4	5	6	7	8	9	10
Most Nights	1	2	3	4	5	6	7	8	9	10