

**DR. GUY'S PAIN DRAWING AND VISUAL ANALOGUE SCALE**

Name: \_\_\_\_\_

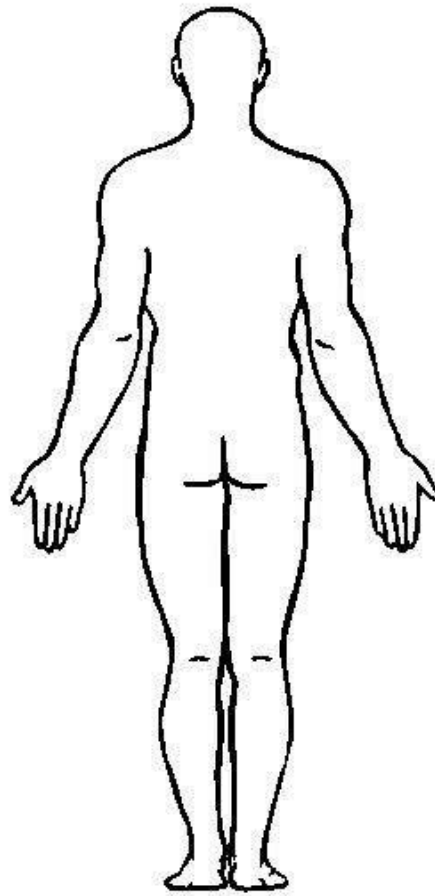
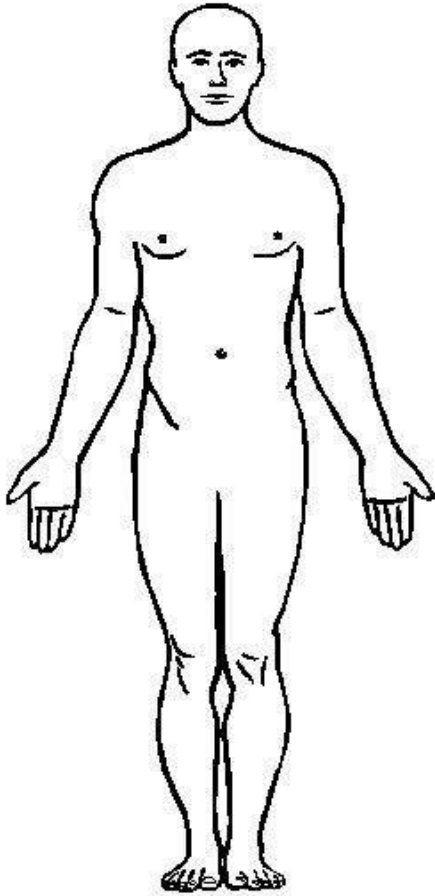
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Using the following symbols, mark on your body where you feel the described pain.

Burning / Stabbing – XXXXXX

Aching – ((((((

Pins & Needles – 000000



Please write on the line the pain level that most accurately represents your pain:

NO PAIN 1 2 3 4 5 6 7 8 9 10 UNBEARABLE PAIN

Right Now: \_\_\_\_\_

Average Pain: \_\_\_\_\_

At Worst: \_\_\_\_\_