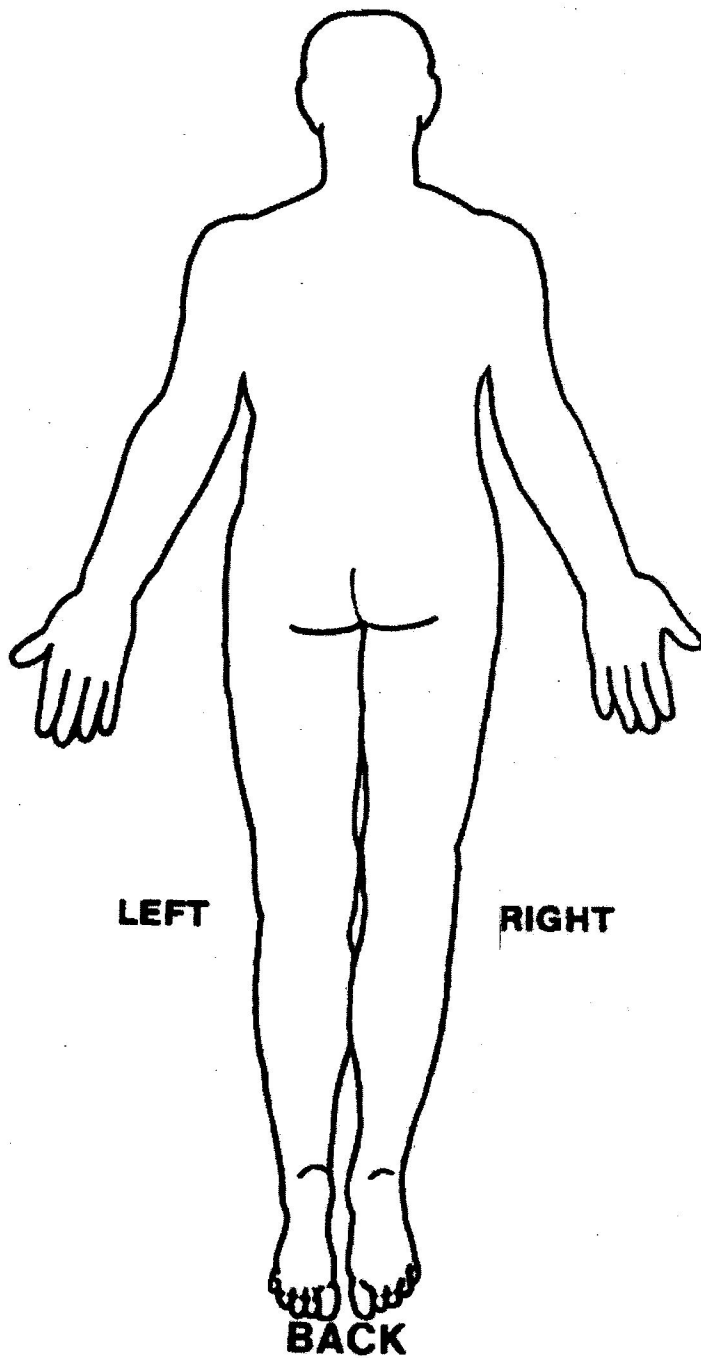
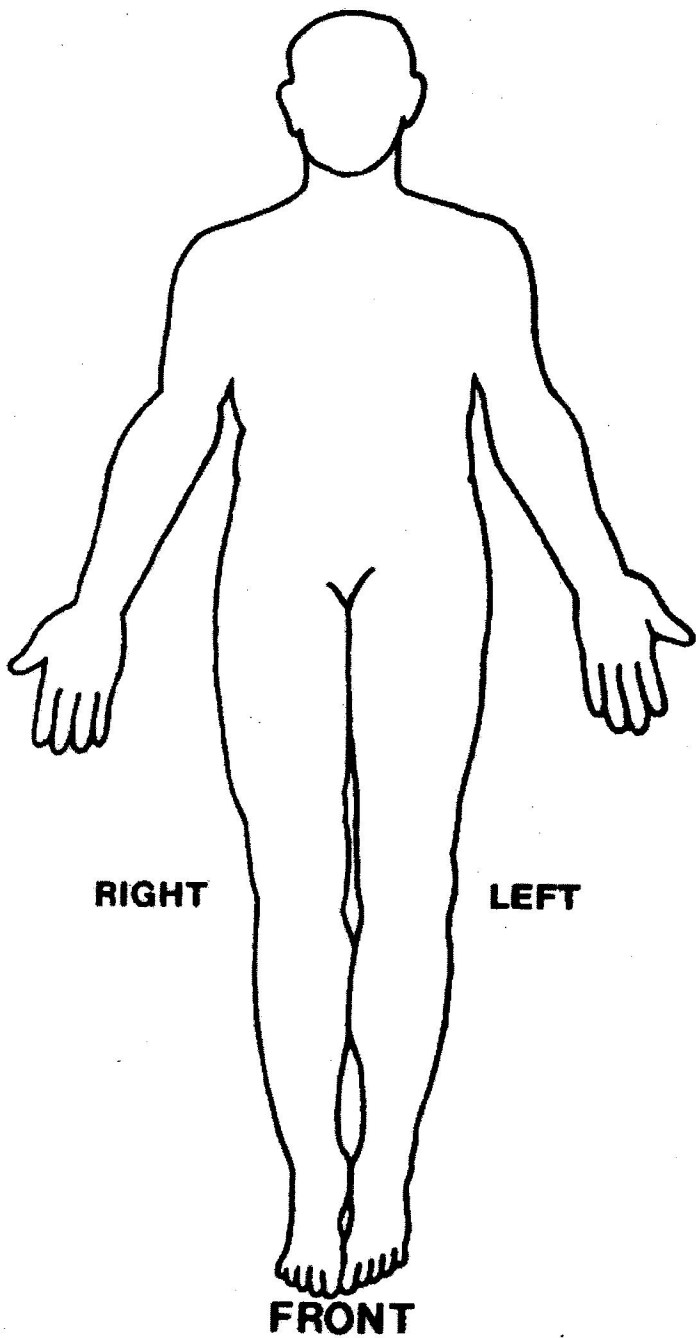


DATE: _____ NAME: _____ DOB: _____

PAIN DRAWING GRID ASSESSMENT

Draw the location of your pain on the body outlines and mark whether it is all back/neck or all arm/leg.

ALL BACK/NECK |-----| ALL ARM/LEG



How bad is your pain?

NO PAIN |-----| WORST POSSIBLE