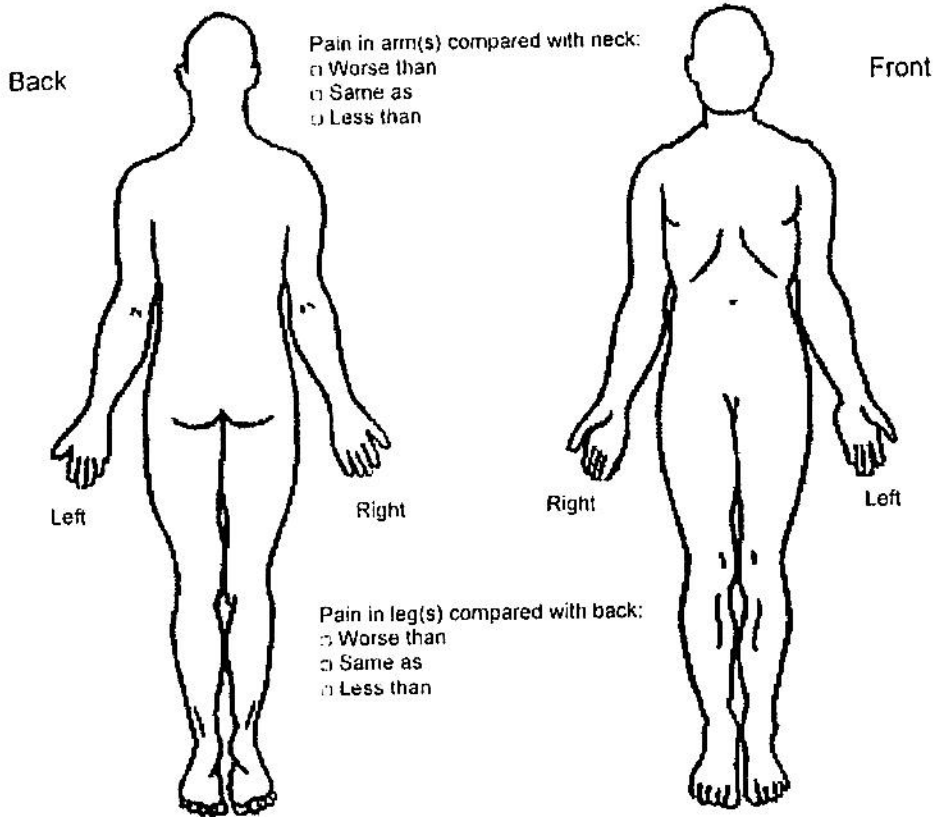


PAIN DRAWING AND SCALE REVIEW

Using the symbols given below, mark the areas on your body where you feel the described sensations and include all affected areas. Just to complete the picture, please draw in your face.

- | | | | | | |
|---------------|-----------------|-------------------------|----------------|-----------------|--------------|
| Aching
▲▲▲ | Numbness
=== | Pins and needles
ooo | Burning
xxx | Stabbing
/// | Other
●●● |
|---------------|-----------------|-------------------------|----------------|-----------------|--------------|



Location of pain or symptoms (indicate on drawing also using above symbols)

How bad is the pain on a scale of 1 (best) to 10 (worst)?

- 1 2 3 4 5 6 7 8 9 10 (circle)

How often is pain present? _____

Is pain referred? _____

Sensation? _____

ACTIVITIES: Is your pain aggravated by any of these?

- | | | |
|---|---|---|
| <input type="checkbox"/> coughing or sneezing | <input type="checkbox"/> sitting in a chair | <input type="checkbox"/> bending forward to brush teeth |
| <input type="checkbox"/> when you wake up | <input type="checkbox"/> in the middle of the night | <input type="checkbox"/> lying flat on your back |
| <input type="checkbox"/> lying flat on your stomach | <input type="checkbox"/> lying with knees bent | <input type="checkbox"/> walking a distance |

THE GENERAL MEDICAL QUESTIONNAIRE, PAIN DRAWING AND SPINE TRIAGE FORM HAVE BEEN REVIEWED/AUTHENTICATED BY THE PATIENT AND PHYSICIAN AS INDICATED BY SIGNATURES BELOW.

Patient signature Date

Physician signature Date