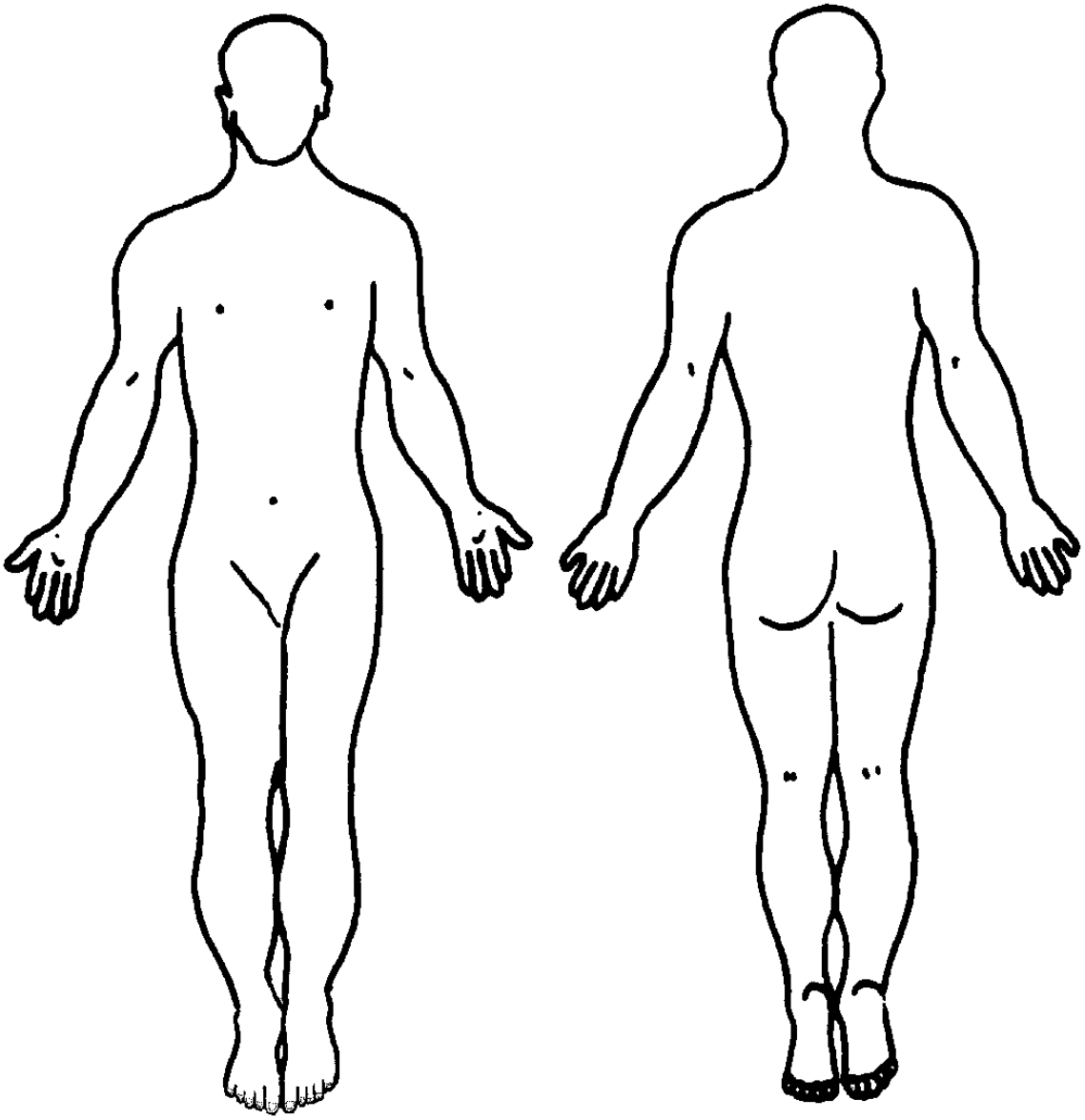
Orthopedic Specialists of Louisiana

Patient:_____ **PAIN DRAWING** Date:_____

DRAW the location of your pain on the body outlines below.

FRONT VIEW **BACK VIEW**



On a scale of 1 to 10 with 1 being no pain and 10 being intolerable pain, **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