

# UPHS - PHM - Low Back Pain SPINE CENTER - PAIN ASSESSMENT FORM

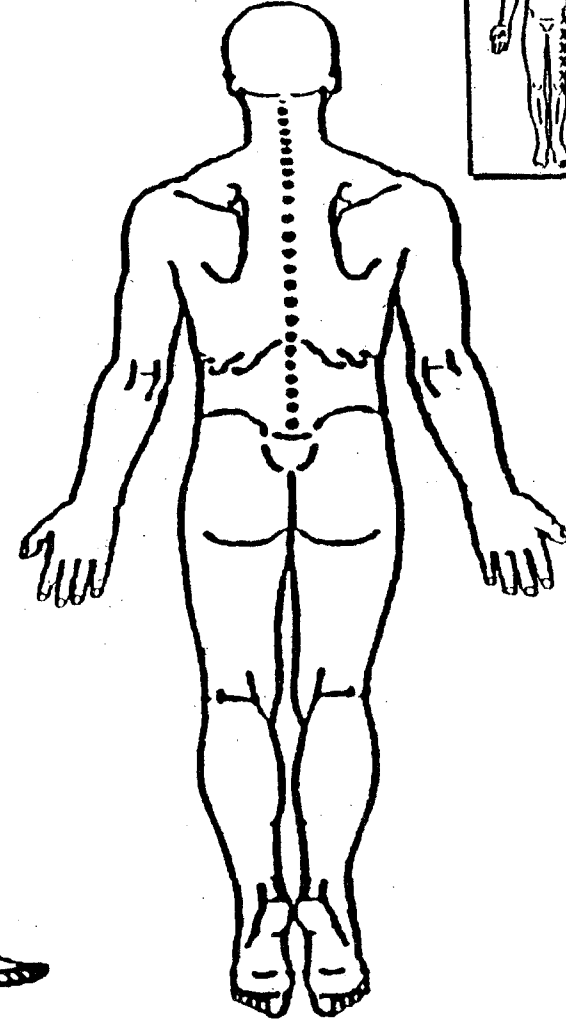
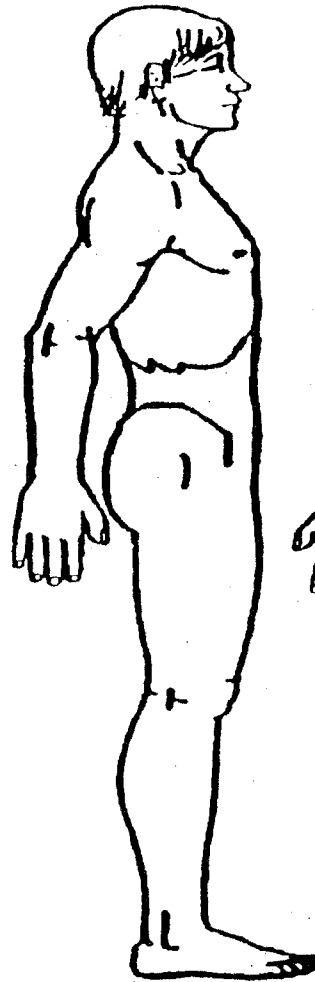
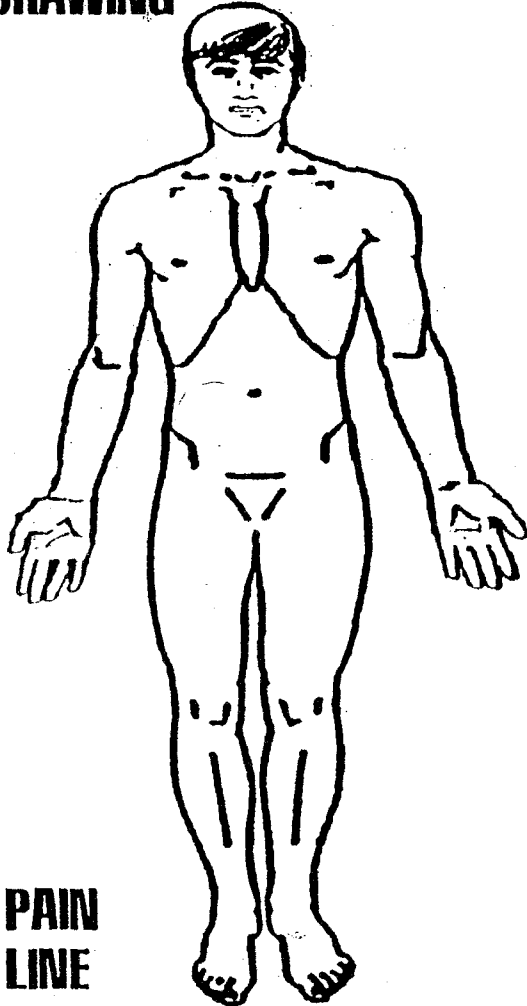
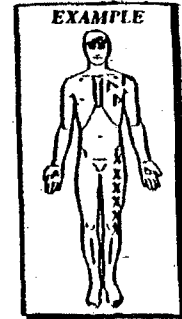
Name \_\_\_\_\_

Date \_\_\_\_\_

Draw the location of your pain on the body outlines & mark how severe it is on the pain line at the bottom of the page

## PAIN DRAWING

Aching	Burning	Numbness	Pins & Needles	Stabbing	Other
AAAAA	→→→	00000	●●●●●	/////	XXX
AAAAA	→→→	00000	●●●●●	/////	XXX



## PAIN LINE

Draw a perpendicular line or arrow to indicate your usual level of pain

