

Name: _____

Date of birth: _____

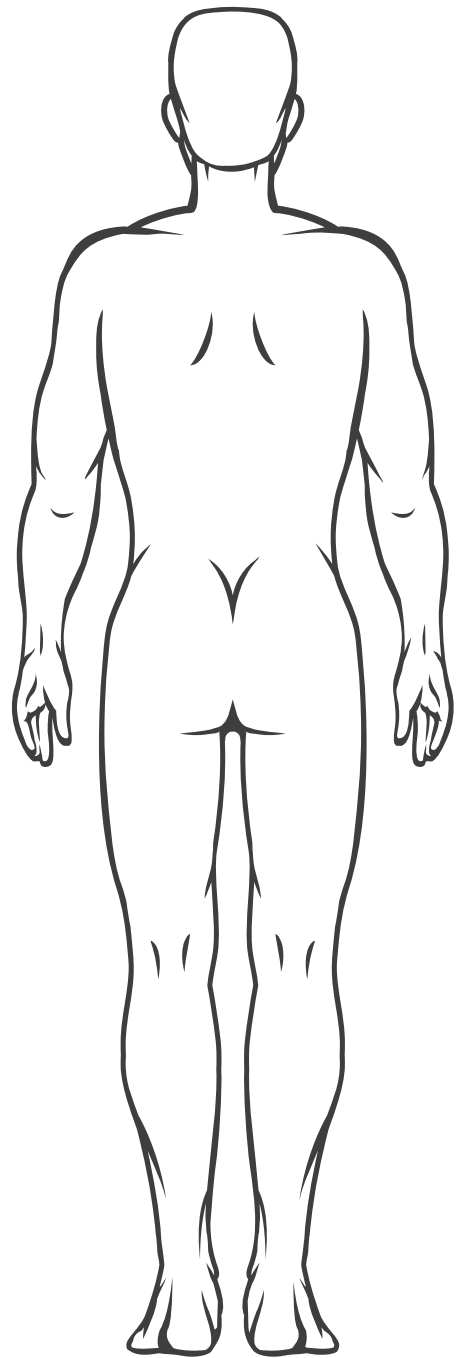
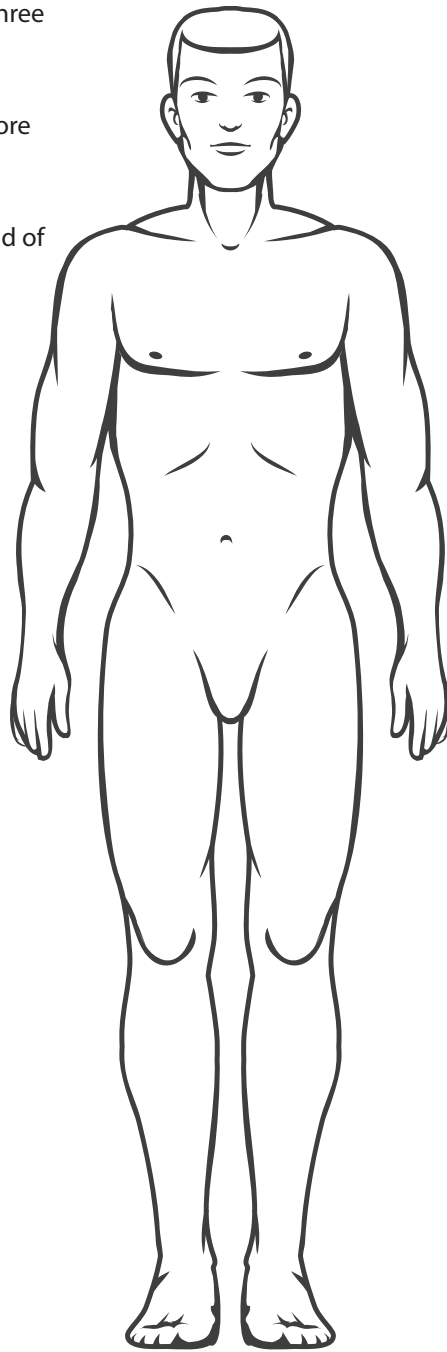
Discomfort drawing date: _____

Where and what kind of discomfort have you experienced the last three months?

Shade in all discomfort, shade darker where there has been more discomfort.

Use a lead pencil, not ink.

Label next to the areas what kind of discomfort: buzzing, tingling, pricking, aching, cramp etc.



When and how much discomfort?
How has the discomfort varied since the first time you experienced it.

Worst discomfort imaginable.
(Unbearable/Excruciating.)

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No discomfort

First time

Today