

PAIN DRAWING & QVAS

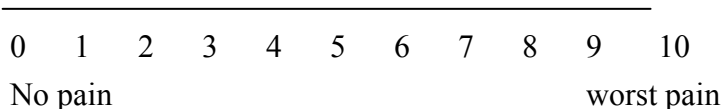
Name: _____

Today's Date: _____

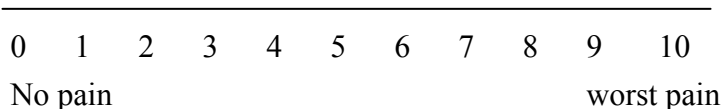
Examiner: Charles M. Sefcik, DC, DACNB, CCN

QVAS : How much pain have you had because of your condition in the past week? Please mark on the line to indicate how severe your pain has been.

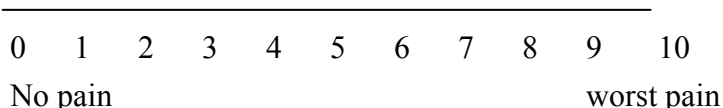
On Average



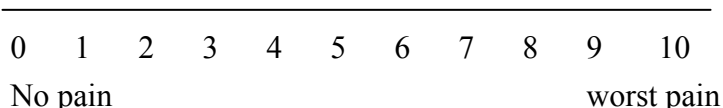
Currently



At Best



At Worst



Mark the areas on your body where you feel your pain using the symbols as shown below. Include all affected areas. Mark areas of radiation. If your pain radiates, draw an arrow from where it starts to where it stops. Please extend the arrow as far as the pain travels.

Ache >>>>
>>>>

Numbness

Pins/Needles

oooo
oooo

Burning xxxx

xxxx

Stabbing ///
///

Throbbing

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