

MOONEY PAIN DRAWING

NAME: _____

DATE: _____

Mark the areas on your body, using the symbols below, where you feel the described sensations. Mark the areas of radiation, including all affected areas (should this apply to you). If none of the symbols apply to you, circle the area on your body where you are having the problem and briefly describe it.

ACHE	NUMBNESS	PINS & NEEDLES	BURNING	STABBING
AAA AAA AAA	---- ---- ----	OOO OOO OOO	XXX XXX XXX	//// //// ////

