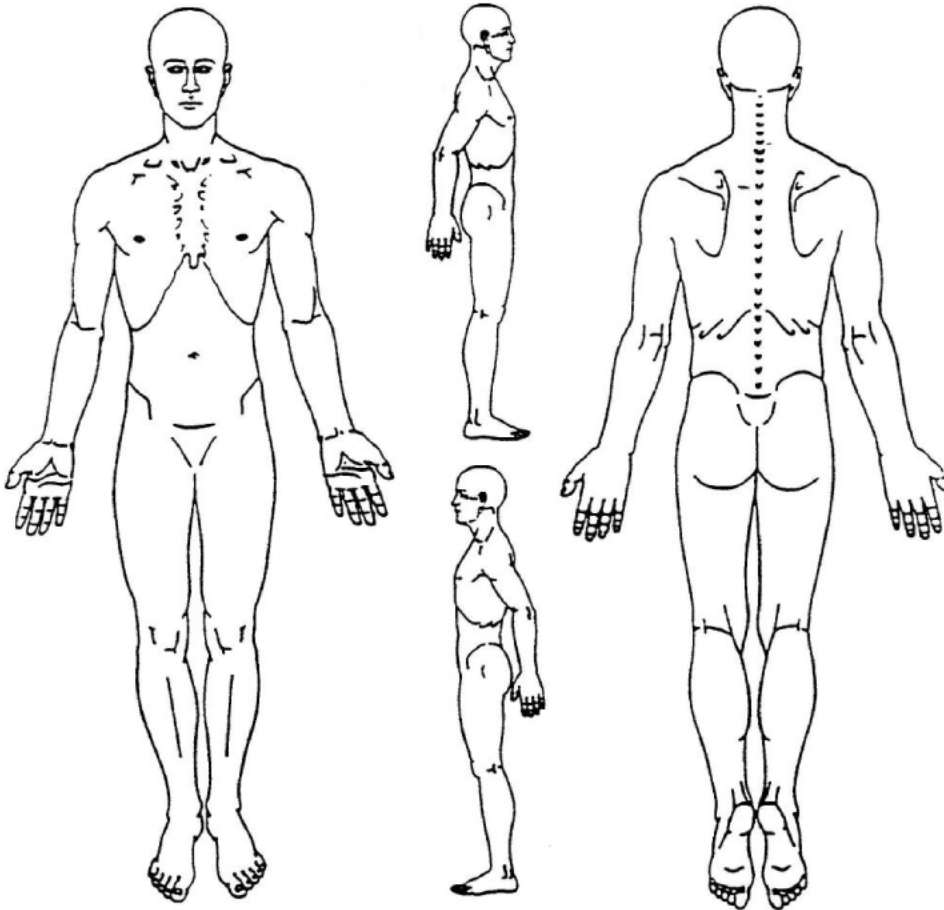


Pain Diagram

Please mark the area of injury or discomfort on the chart below, using the appropriate symbols:

Numbness	Pins & Needles	Burning	Aching	Stabbing
-----	○ ○ ○ ○ ○	^ ^ ^ ^ ^	X X X X	□ □ □ □
-----	○ ○ ○ ○ ○	^ ^ ^ ^ ^	X X X X	□ □ □ □
-----	○ ○ ○ ○ ○	^ ^ ^ ^ ^	X X X X	□ □ □ □



NAME _____ DATE _____

No Pain |-----| Worst Possible Pain
 Please make a slash through this line as to the level of your pain

 Patient Signature