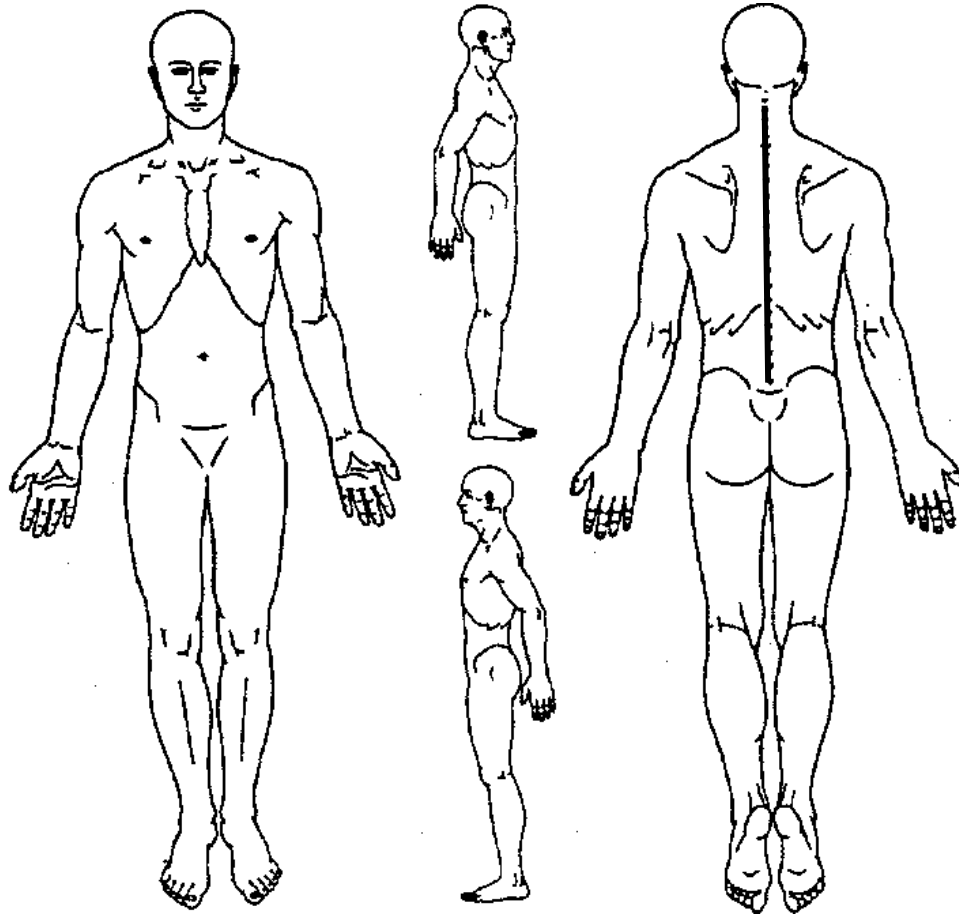


Pain Diagram

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

Numbness	Pins & Needles	Burning	Aching	Stabbing
-----	OOOO	^ ^ ^ ^	X X X X	⊗ ⊗ ⊗ ⊗



On a scale of 1 to 10 with 10 being the most severe, select the number that best represents your level of pain.

1 2 3 4 5 6 7 8 9 10

Please use the space below to describe your condition further if needed:

Date: _____ Signature: _____