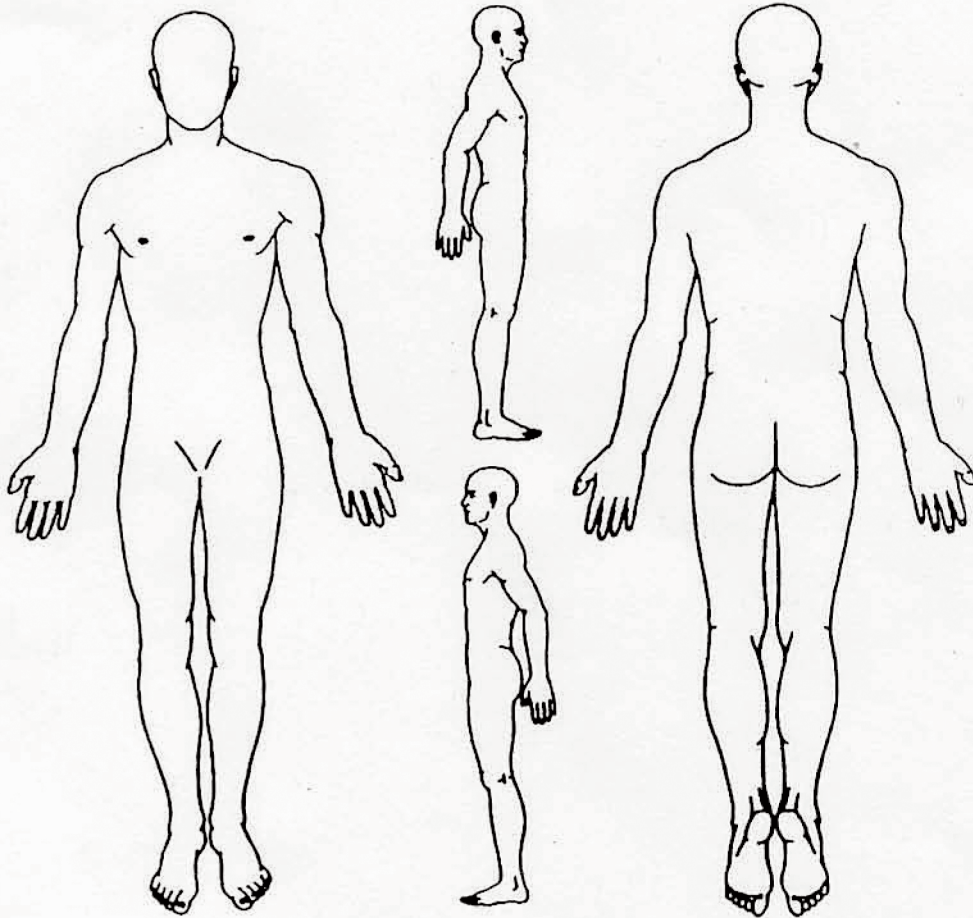


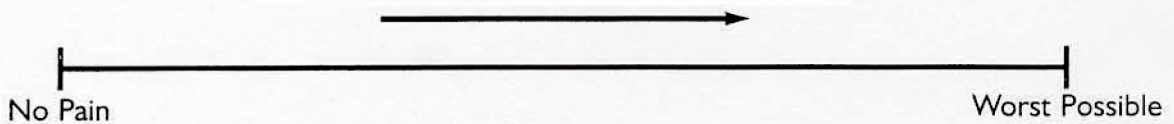
Name: _____ Date: _____

Draw the location of your pain on the figures below using the following symbols:

Ache	Burning	Numbness	Pins & Needles	Stabbing	Other
^^^^ ^^^^	==== ====	oooooo oooo	••••• •••	////// //////	xxxxxx xxxx



PAIN INTENSITY LEVEL



Mark the level of pain you feel on a daily basis

Patient Signature: _____ Date: _____