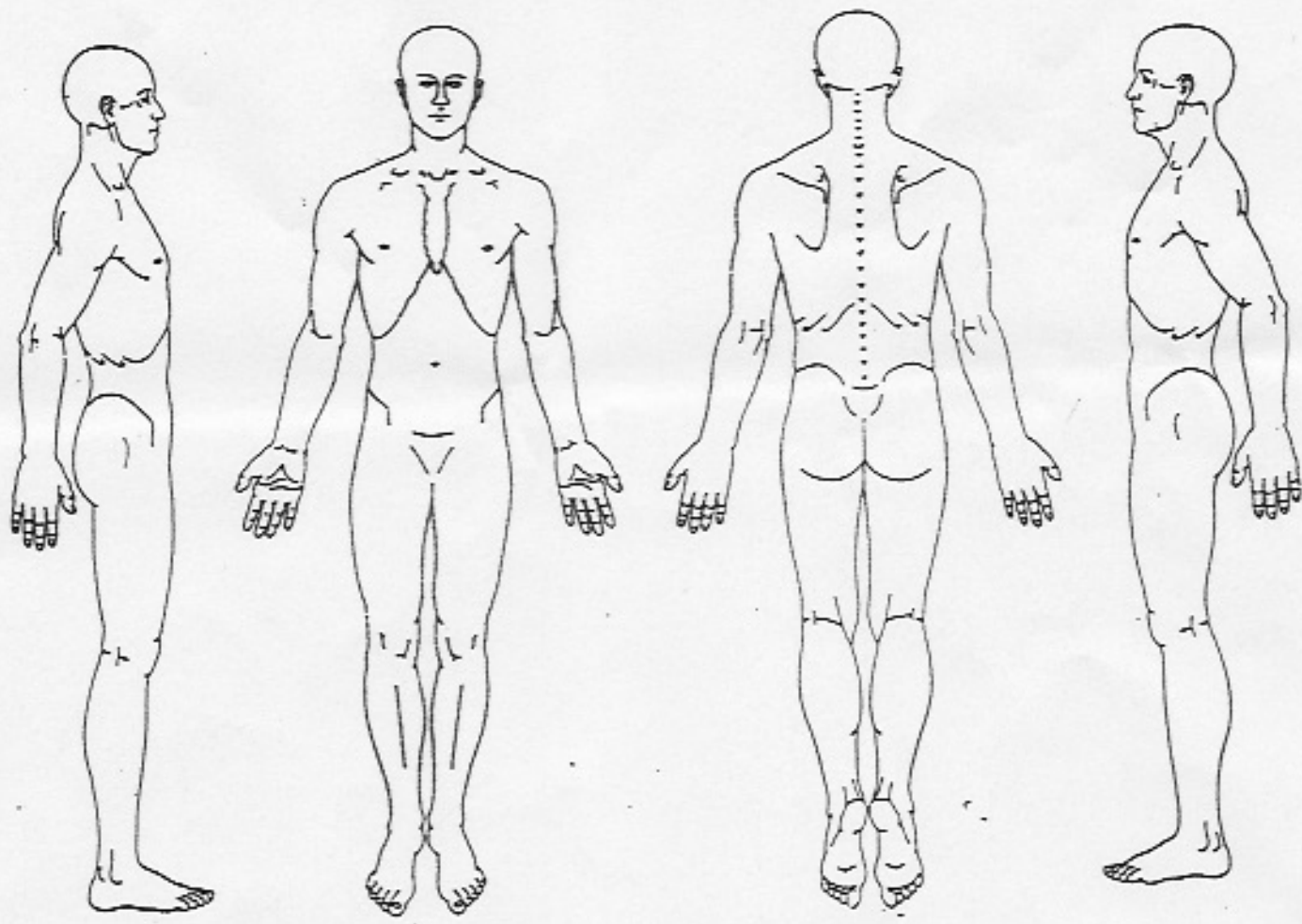


Name \_\_\_\_\_ Date \_\_\_\_\_

Mark the areas on the body drawings where you are feeling any of the sensations described below. (use the symbols given)

Aching pain XXXX	Burning pain ====	Stabbing pain /////	Numbness OOOO	Throbbing pain VVVV	Pins & Needles ....	Other sensations (explain) ZZZZ
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Right                      Front                      Back                      Left



Place a mark somewhere on the line below to show how much pain you are in right now! (at one end of the line there is no pain & at the other end there is the worst possible pain imaginable)

"No pain" \_\_\_\_\_ "worst possible pain"

Signature of patient \_\_\_\_\_