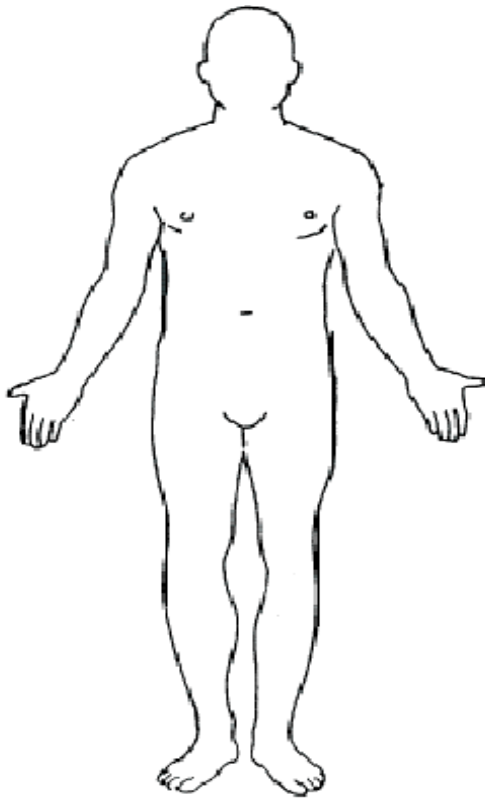


Name: _____ Clinic ID: _____ Date: _____

INSTRUCTIONS: Please circle the number that best describes your pain

No Pain _____ Worst Pain _____

1 2 3 4 5 6 7 8 9 10



On the figures to the right and left, please mark the area or areas you are having pain with the appropriate symbols.

Numbness

###

Pins and Needles

0000

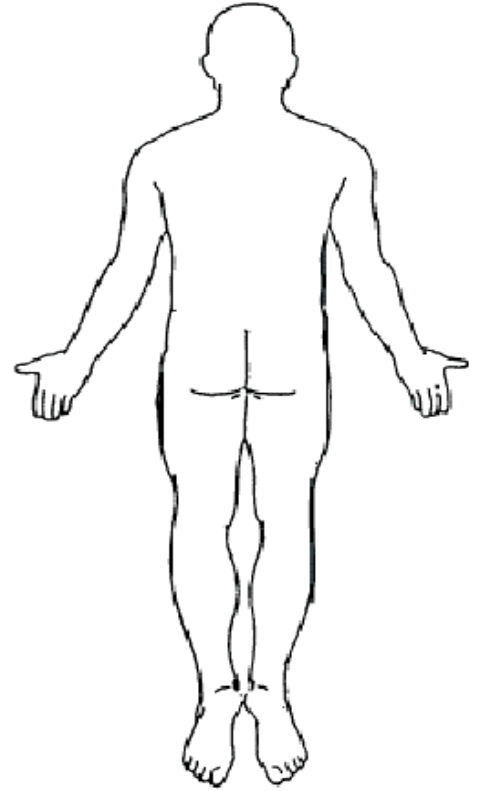
Burning

xxxxx

Ache

++++

Sharp



Patient Initials: _____ Doctor's Initials: _____

Comments:
