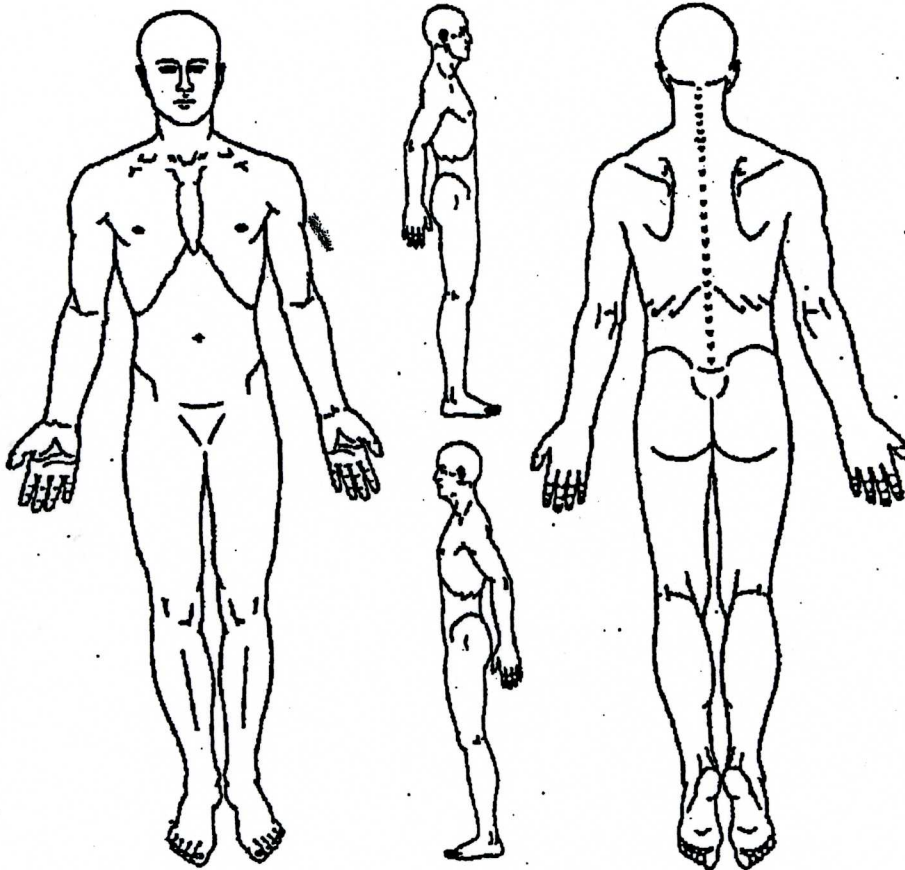


## Pain Diagram

Please mark the area of injury or discomfort on the chart below, using the appropriate symbols that describe your pain.

Numbness	Pins & Needles	Burning	Aching	Stabbing
-----	0 0 0 0 0	^ ^ ^ ^ ^	X X X X	⊗ ⊗ ⊗ ⊗
-----	0 0 0 0 0	^ ^ ^ ^ ^	X X X X	⊗ ⊗ ⊗ ⊗
-----	0 0 0 0 0	^ ^ ^ ^ ^	X X X X	⊗ ⊗ ⊗ ⊗



Please rate the intensity of your pain over the past 24 hours on the chart below:      0 = No Pain      10 = Extremely intense pain

Worst in past 24 hours: 0 1 2 3 4 5 6 7 8 9 10

Least in past 24 hours: 0 1 2 3 4 5 6 7 8 9 10

Date: \_\_\_\_\_

Signature \_\_\_\_\_