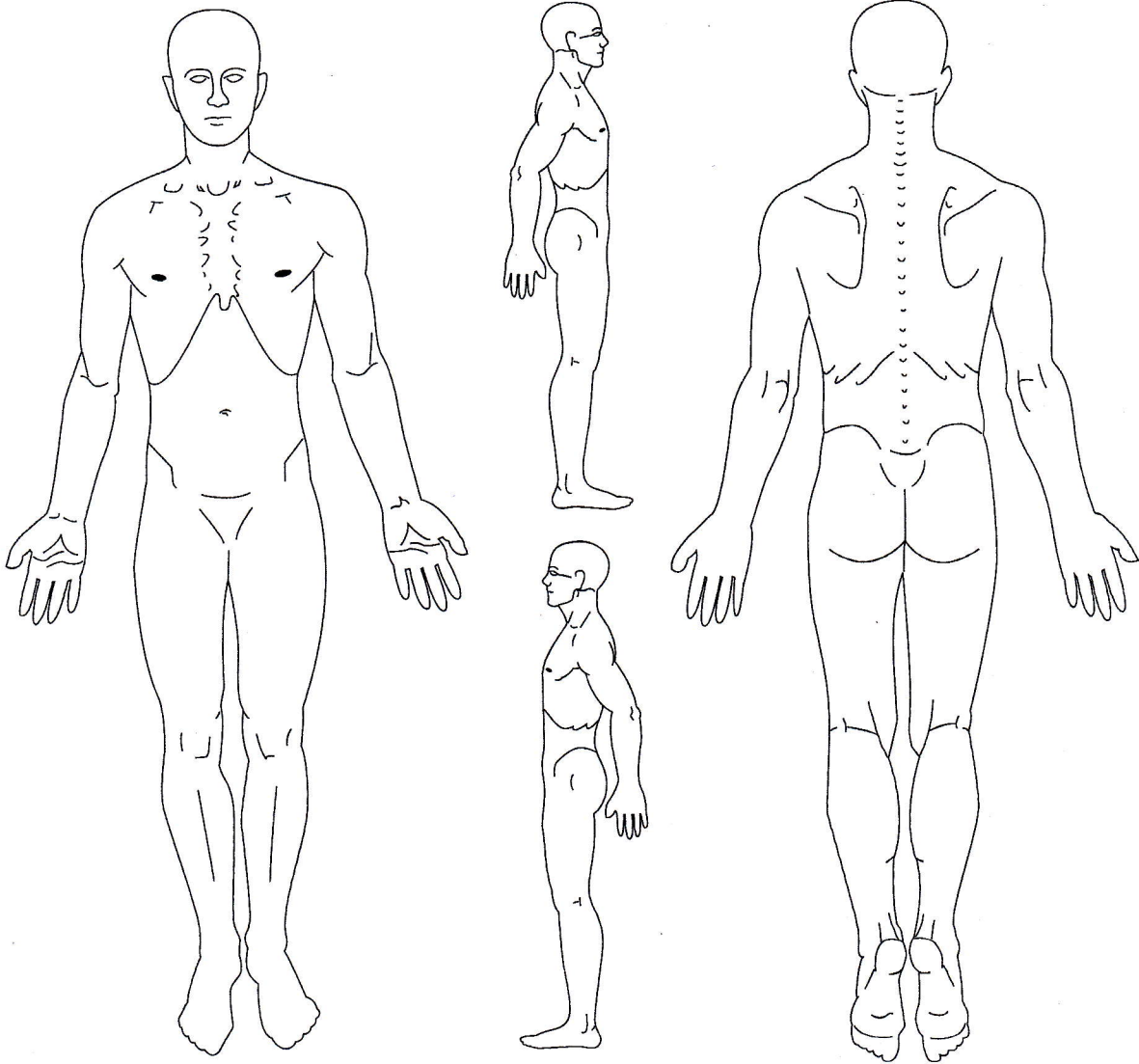


Patient Name(Print) _____ Date _____

Patient ID # _____

Please draw the location of your pain or discomfort on the images below. Use the symbols shown to represent the type(s) of pain:

- D** = Dull
- B** = Burning
- N** = Numb
- S** = Stabbing/Cutting
- T** = Tingling (Pins & Needles)
- C** = Cramping

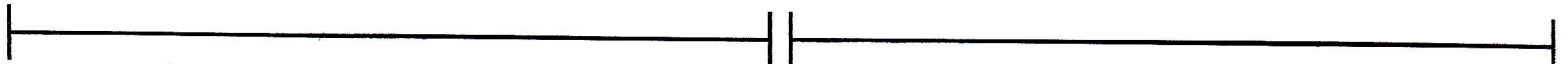


On the scales below, please draw a vertical line representing your pain or discomfort:

Rate the pain you have right **now**:

Rate your pain at its **best** in the past week:

No Pain Unbearable Pain No Pain Unbearable Pain



Rate your **average** pain in the past week:

Rate your **worst** pain in the past week:

No Pain Unbearable Pain No Pain Unbearable Pain

