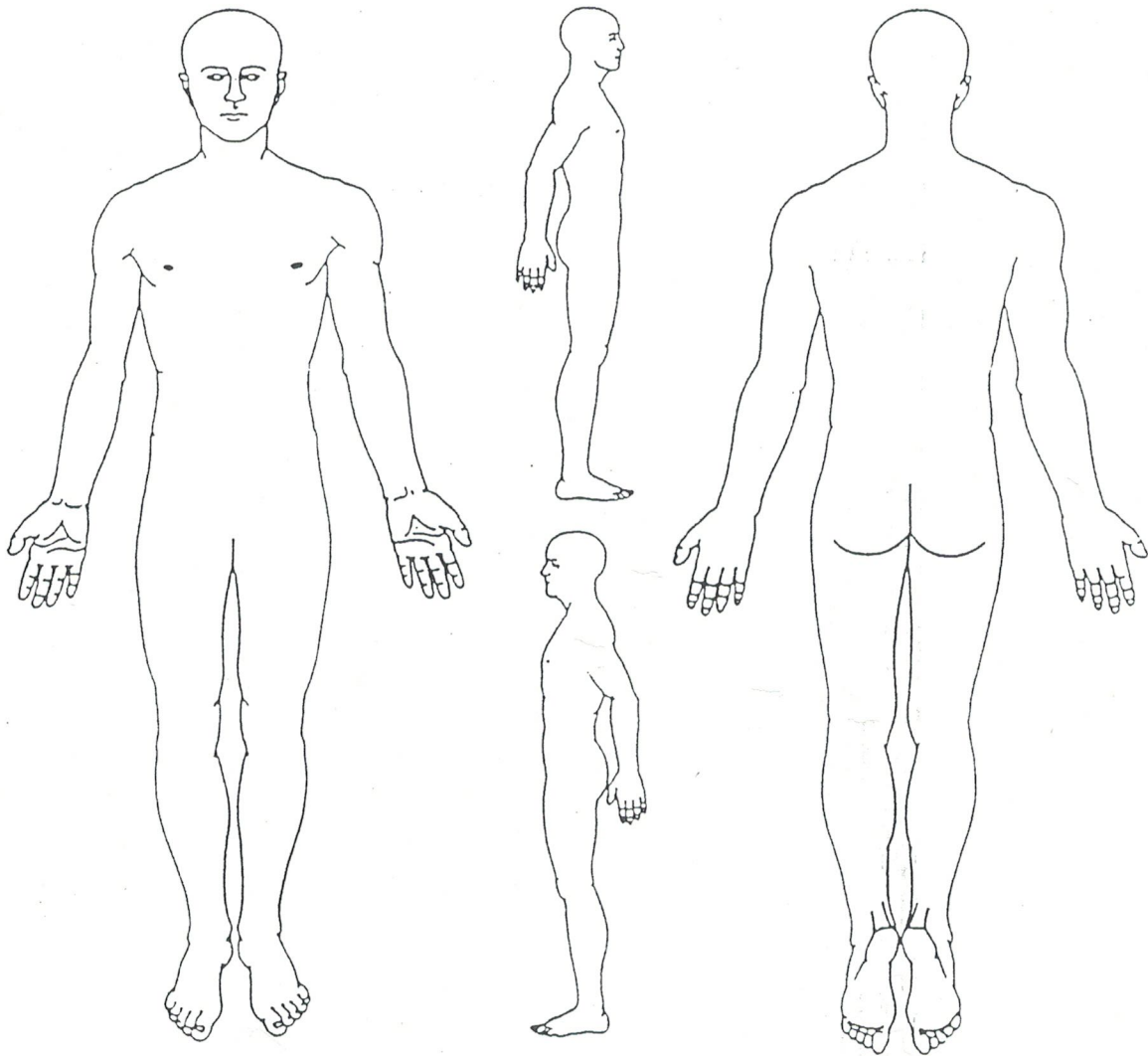


Name: _____ Date: _____

Use the following letters below to indicate type and location of your pain.

Key: A=ache B=burning N=numbness P=pins & needles
S=stabbing O=other (please describe): _____



PLEASE RATE YOUR PAIN RIGHT **NOW**

NO
PAIN

0 1 2 3 4 5 6 7 8 9 10

EXTREME
PAIN