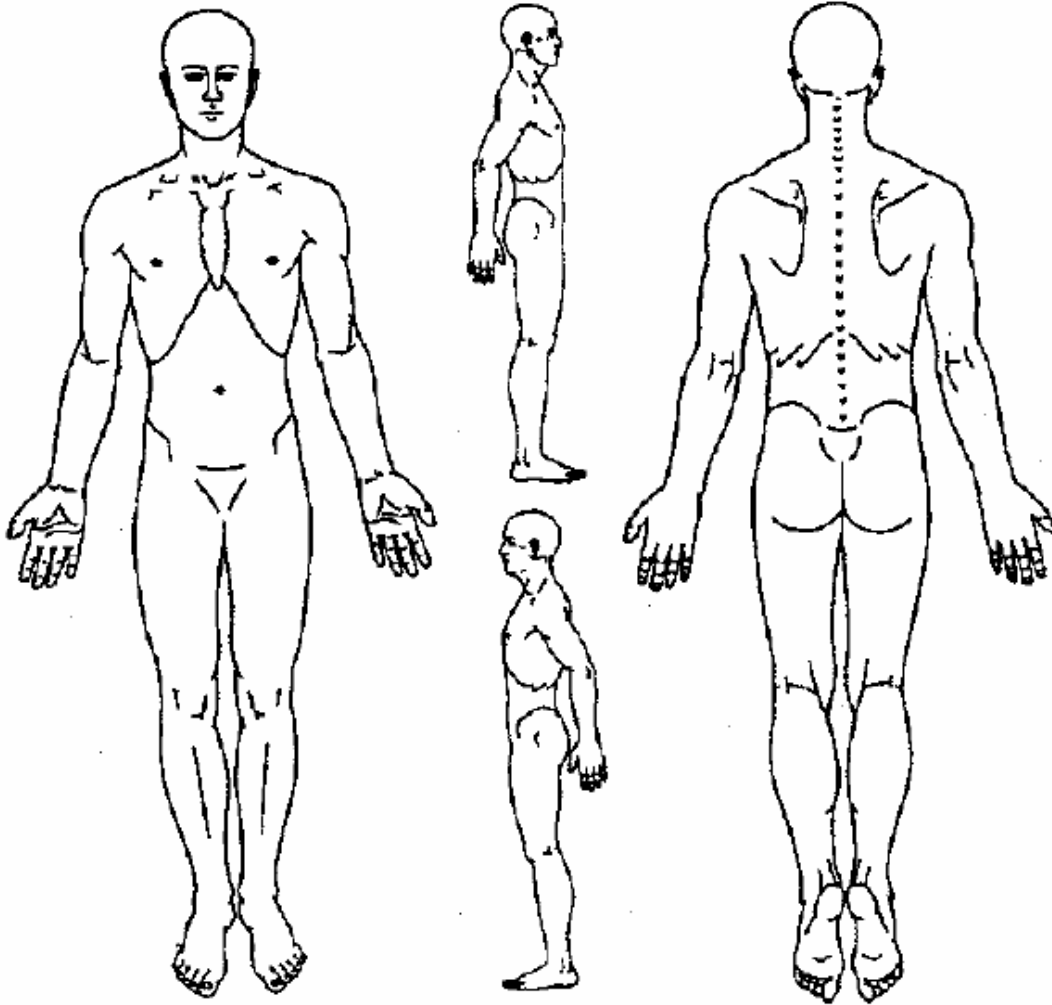


# Pain Diagram

Please mark the area of injury or discomfort on the chart below, using the appropriate symbols:

Numbness	Burning	Aching
-----	^ ^ ^ ^	X X X X
-----	^ ^ ^ ^	X X X X
-----	^ ^ ^ ^	X X X X



NAME \_\_\_\_\_

DATE \_\_\_\_\_

No Pain |-----| Worst Possible Pain

Please make a slash through this line as to the level of your pain.

\_\_\_\_\_  
Patient Signature