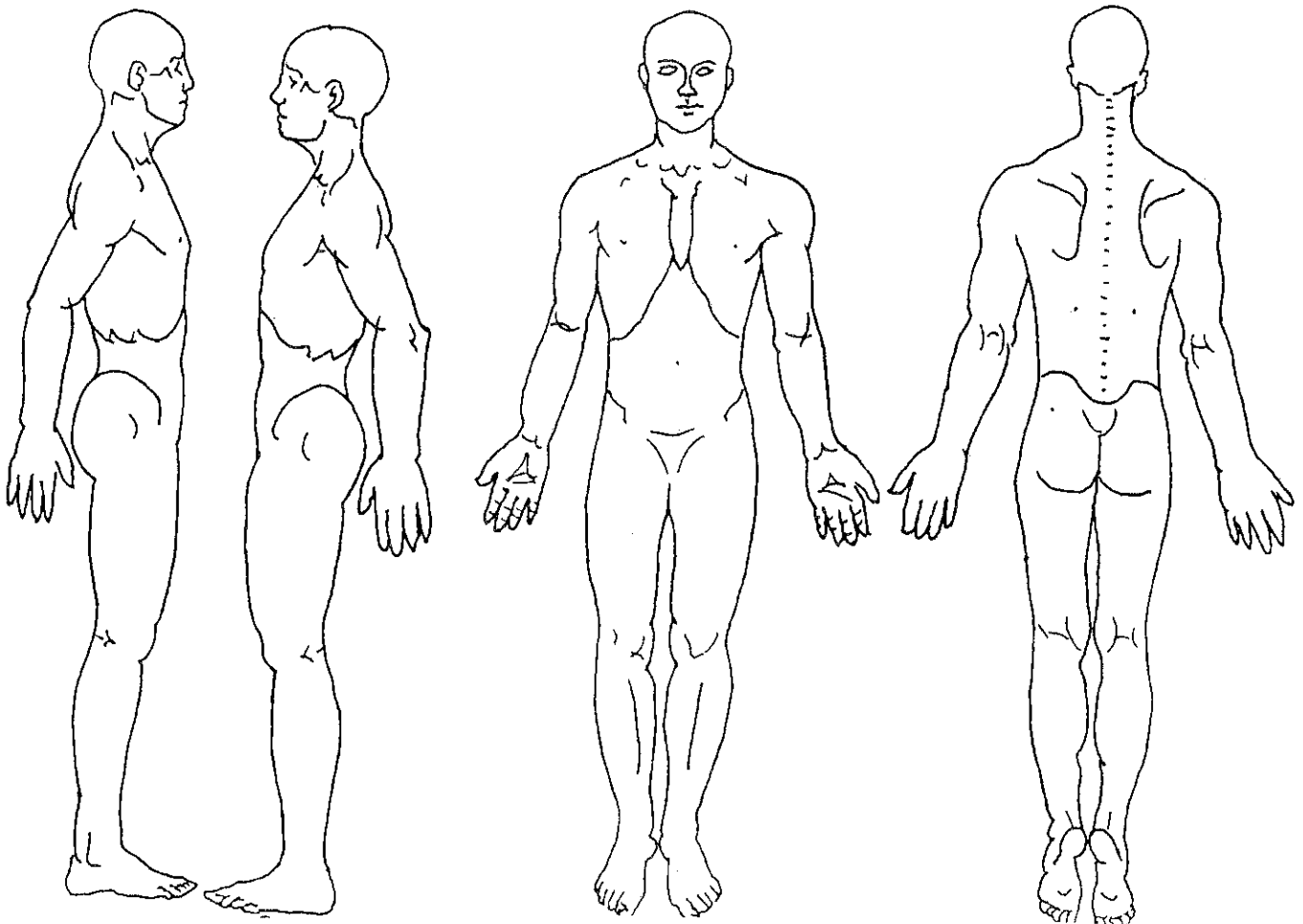


WHERE IS YOUR PAIN

Patient Name: _____ Primary Care Doctor: _____

Mark the areas on your body where you feel the described sensations.
Use the appropriate symbol. Include all affected areas.

ACHE 	NUMBNESS 	PINS & NEEDLES 	BURNING 	STABBING 
--	--	--	---	--



(PLEASE CIRCLE)

On a scale of 1-10 (10 being the most uncomfortable), how would you rate your average pain?

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
 NONE WORST PAIN
I CAN STAND

On a scale of 1-10 (10 being the most uncomfortable), how would you rate your worst pain?

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
 NONE WORST PAIN
I CAN STAND