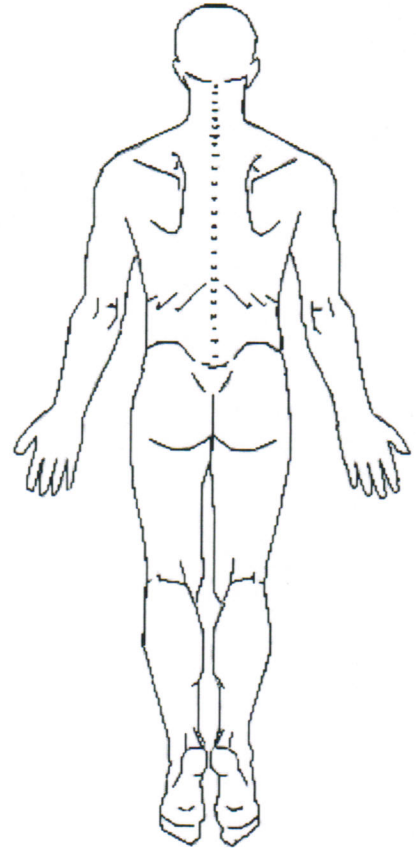
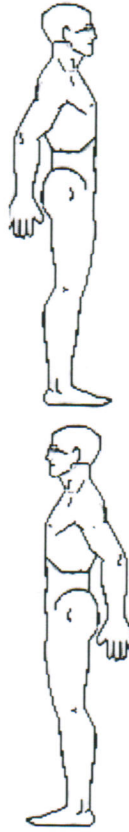
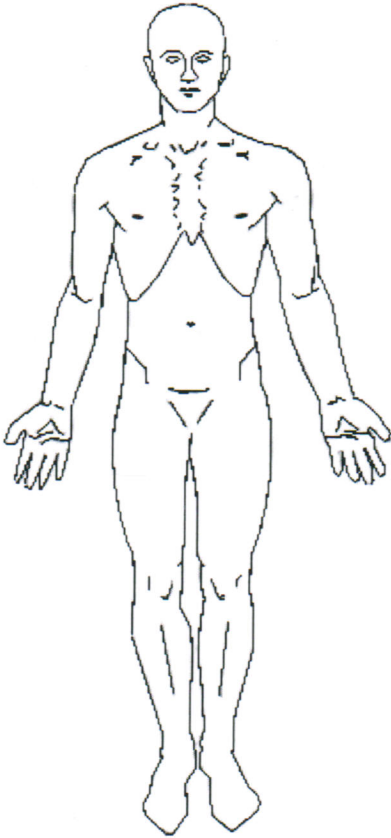


Patient Name: _____ Date: _____

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
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 **average** pain the last week:



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



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

