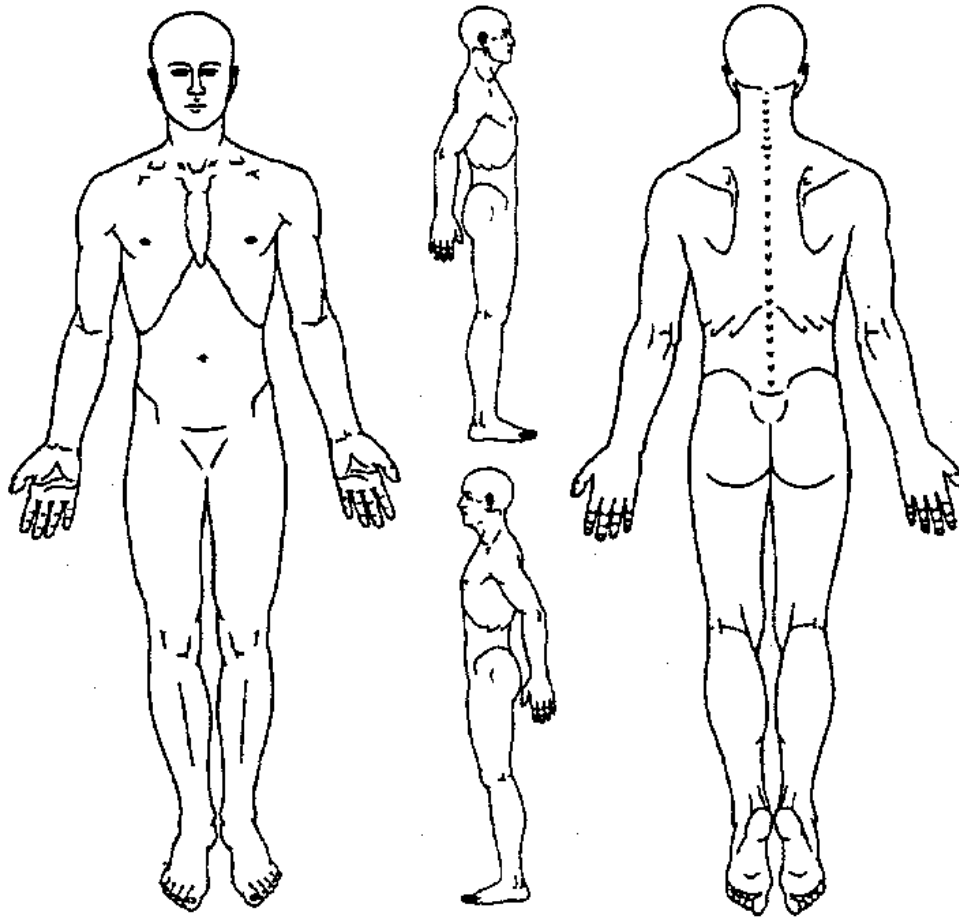


Pain Diagram

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

Numbness	Pins & Needles	Burning	Aching	Stabbing
-----	0 0 0 0 0	^ ^ ^ ^ ^	X X X X	⊗ ⊗ ⊗ ⊗
-----	0 0 0 0 0	^ ^ ^ ^ ^	X X X X	⊗ ⊗ ⊗ ⊗
-----	0 0 0 0 0	^ ^ ^ ^ ^	X X X X	⊗ ⊗ ⊗ ⊗



Please use the space below to describe your condition further if needed:

Date: _____ Signature: _____