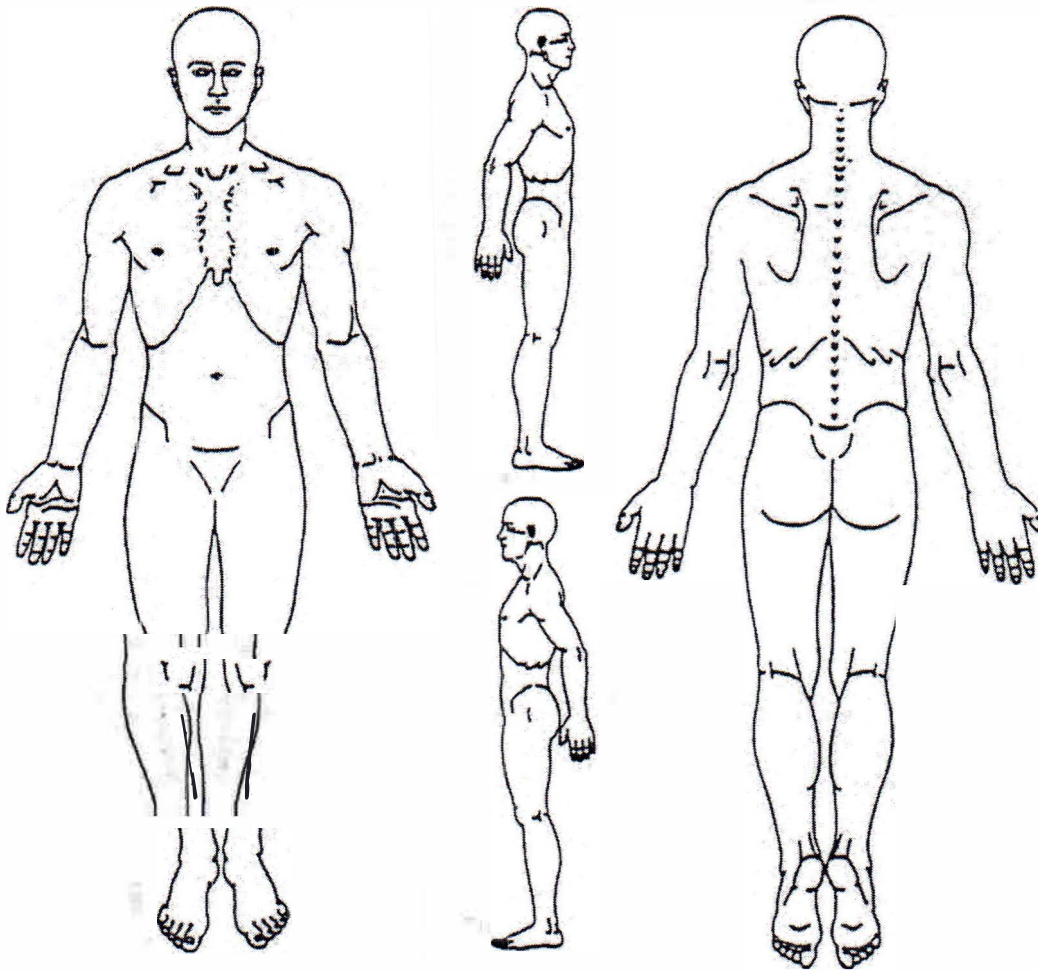


PAIN DIAGRAM

Name: Date:
 How long have you had pain? Years Months Weeks

On the diagram below, please indicate exactly where your pain is located. By using the key, please indicate the type of pain your having in that region. Rate your pain on a scale of 1-10 using the chart below.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain



A = Aching	B = Burning
N = Numbness	P = Pins & Needles
S = Stabbing	O = Other