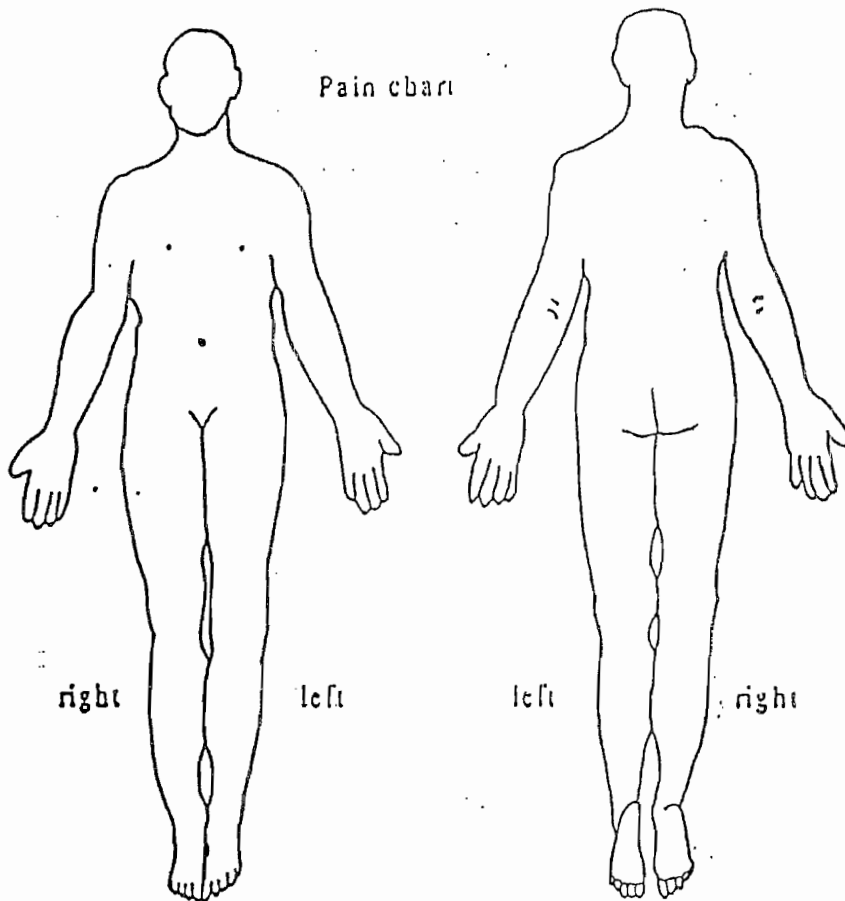


The line below represents the intensity of your pain. Please mark an "X" at the position on the scale which indicates how much pain you feel at this time.

No Pain _____ Worst Pain

Mark the areas on this body where you feel the described sensations. Use the appropriate symbols. Include all areas.

Numbness Pins & Needles Burning Aching Stabbing
 ----- ooooooooo xxxxxxxx ***** //////////////



Name _____

Date _____

File _____