

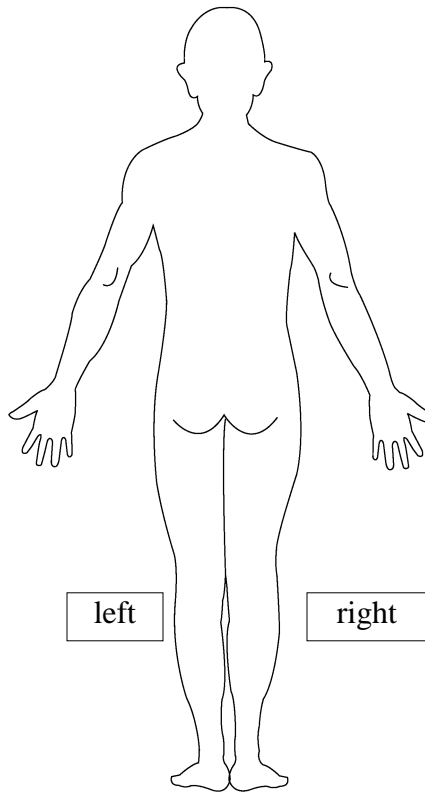
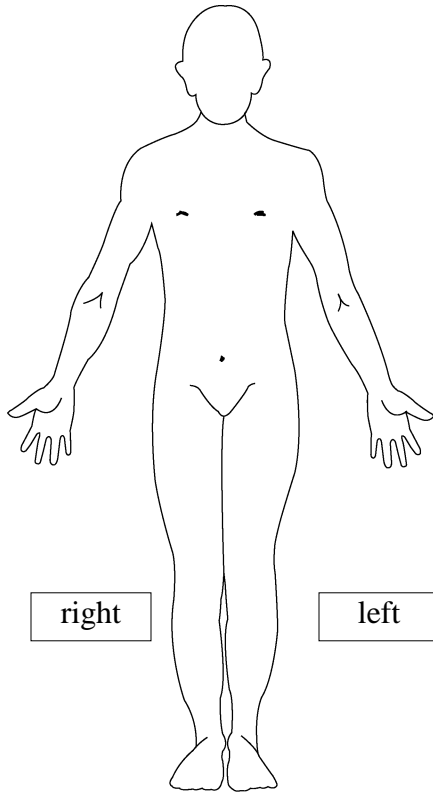
SHOW AREA(S) OF PAIN OR UNUSUAL FEELING

Place an "X" on the drawing below on areas causing you pain with one or more of the following letters describing how it feels:

N=Numbness P=Pins/Needles B=Burning A=Aching S=Sharp/Stabbing

Please mark on the pain scale, to the right of the drawing, from Zero to 10 the pain you feel with this condition, with 10 being the worst pain you have felt with this condition.

Pain Chart



Please circle the number that Best describes your pain:

Neck-Shoulder-Arm-Pain

0 1 2 3 4 5 6 7 8 9 10
none little medium severe

Mid Back Pain

0 1 2 3 4 5 6 7 8 9 10
none little medium severe

Low Back and Leg Pain

0 1 2 3 4 5 6 7 8 9 10
none little medium severe

Date: _____

Signature _____