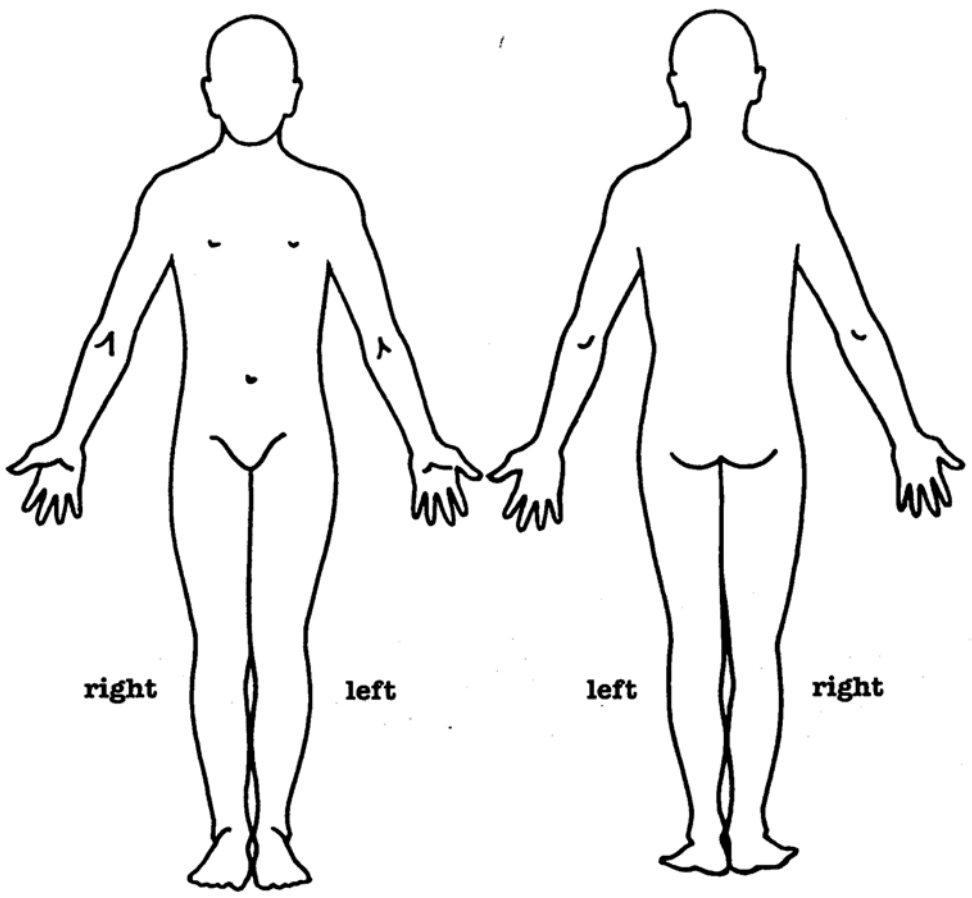




PAIN CHART FORM

Mark the areas on this drawing where you feel the described sensations. Use appropriate symbols & include **all** affected areas.

Numbness	Pins & Needles	Burning	Aching	Stabbing
-----	00000000	xxxxx	*****	//////



Put a slash on the line below to indicate how much it hurts.

Least |-----| Worse

Patient Signature _____ Date _____