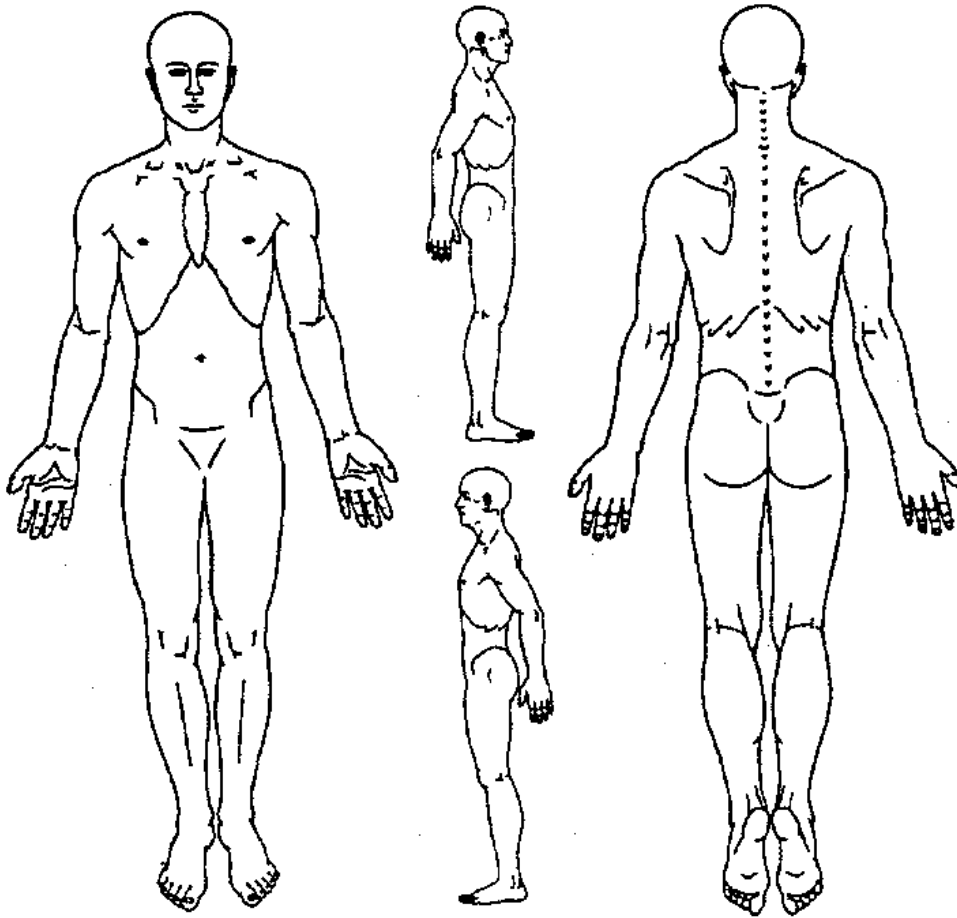


# Pain Diagram

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

Numbness	Pins & Needles	Burning	Aching	Stabbing
-----	○ ○ ○ ○ ○	^ ^ ^ ^ ^	x x x x	⊗ ⊗ ⊗ ⊗
-----	○ ○ ○ ○ ○	^ ^ ^ ^ ^	x x x x	⊗ ⊗ ⊗ ⊗
-----	○ ○ ○ ○ ○	^ ^ ^ ^ ^	x x x x	⊗ ⊗ ⊗ ⊗



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

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_