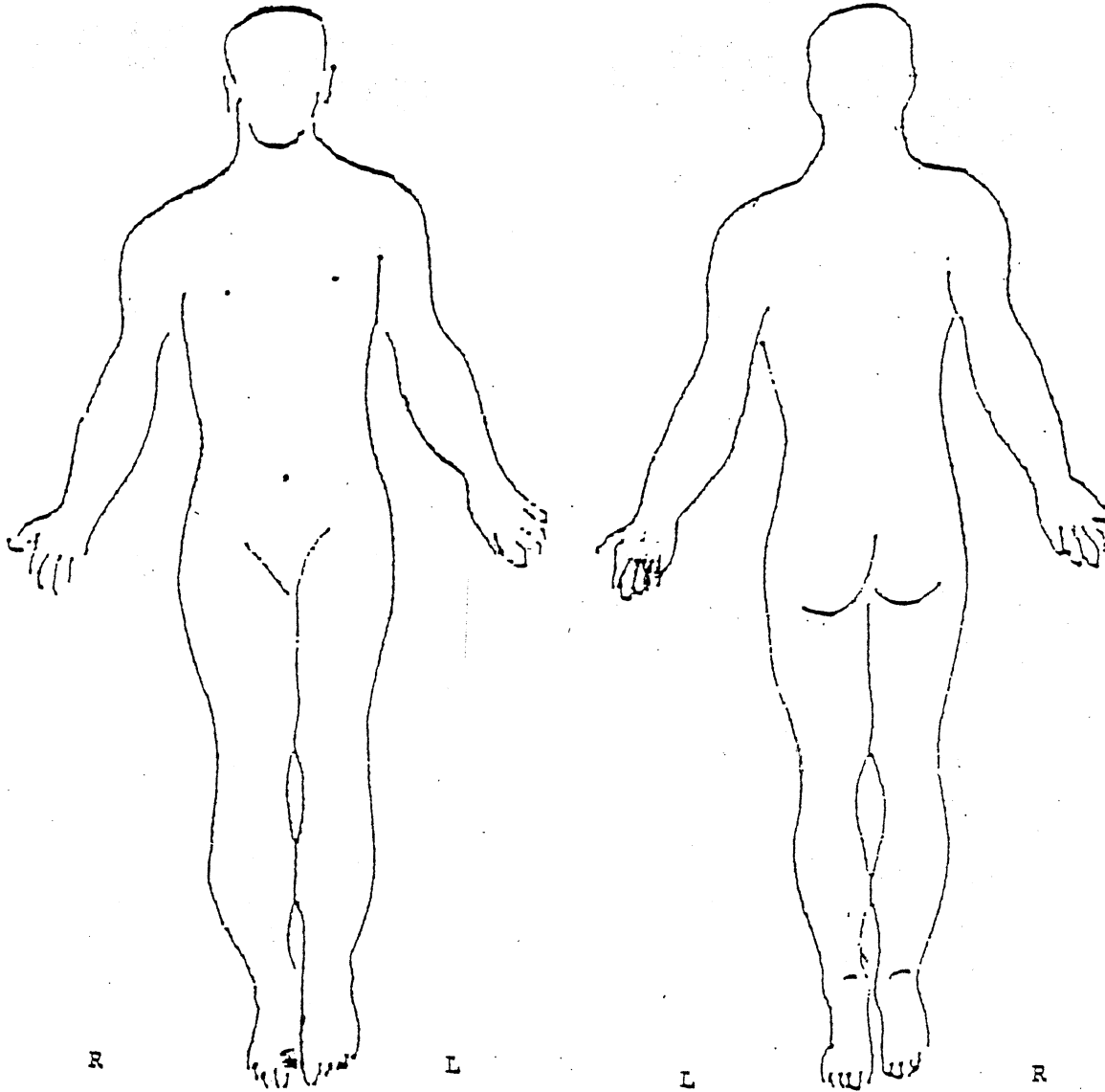


NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



Using the following key, indicate on the drawings above the type of sensations/pain you are experiencing.

- Numbness
- ooo Pins & Needles
- xxx Burning pain
- /// Stabbing pain
- vvv Aching pain

On a scale of 1 to 10, with 1 being no pain and 10 being intolerable pain, circle the number below that best describes your level of pain.

1    2    3    4    5    6    7    8    9    10