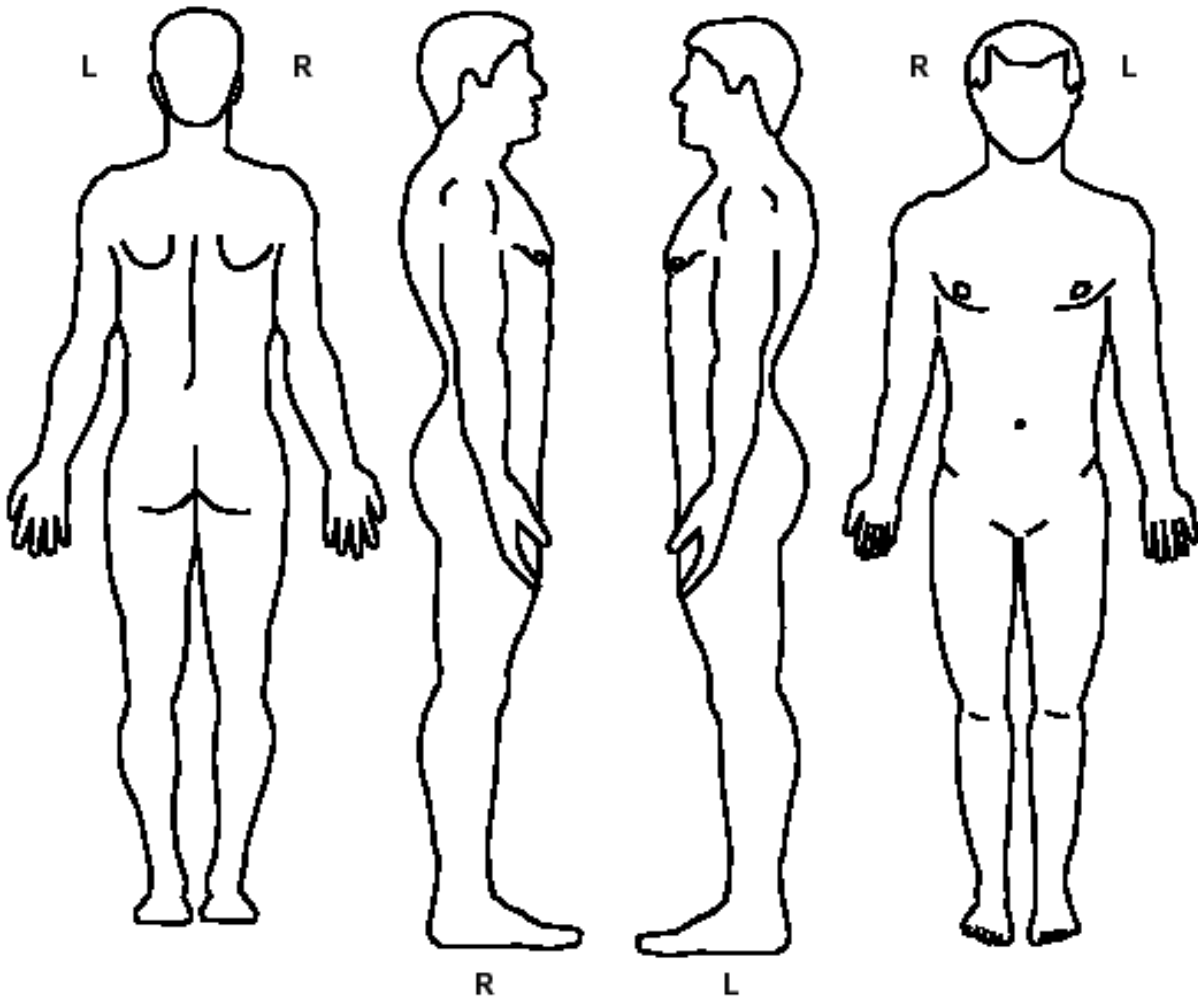


PAIN DRAWING

Name _____ Date _____



Mark as follows:

A - Ache B - Burning N - Numbness P - Pins & Needles

S - Stabbing O - Other - Describe _____

0

5

10

Please indicate on the above 0 – 10 scale your level of pain/discomfort.