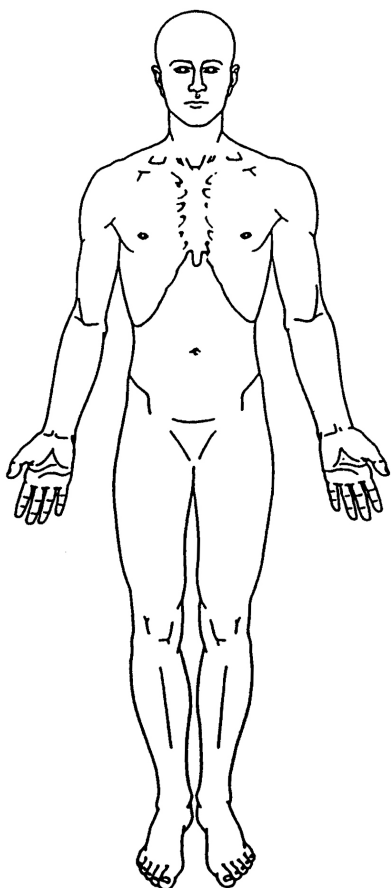
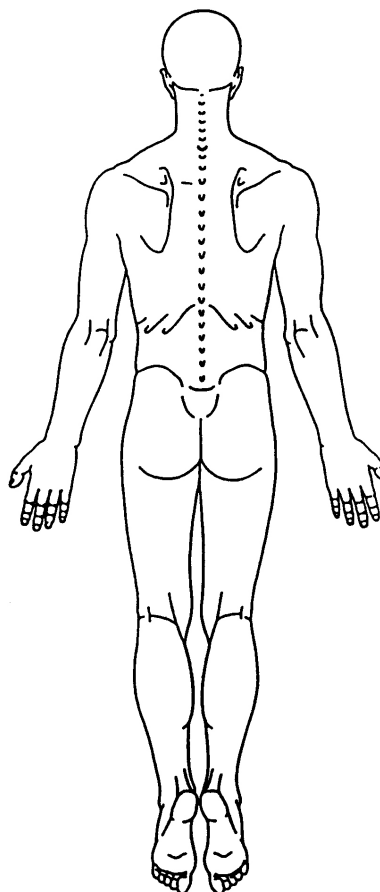


PAIN FORM

Please mark the diagram using the type and location of your symptoms.



- A = Ache/Sore
- T = Tension
- S = Sharp
- B = Burning
- N = Numbness
- G = Tingling
- M = Spasm
- O = Other



Please rate your pain as it is RIGHT NOW.

0 Best 1 2 3 4 5 6 7 8 9 10 Worst

Please rate your pain as it is ON AVERAGE.

0 Best 1 2 3 4 5 6 7 8 9 10 Worst

Please rate your pain at it's BEST and WORST.

0 Best 1 2 3 4 5 6 7 8 9 10 Worst

Patient Name: _____

Date: _____

Patient Signature: _____