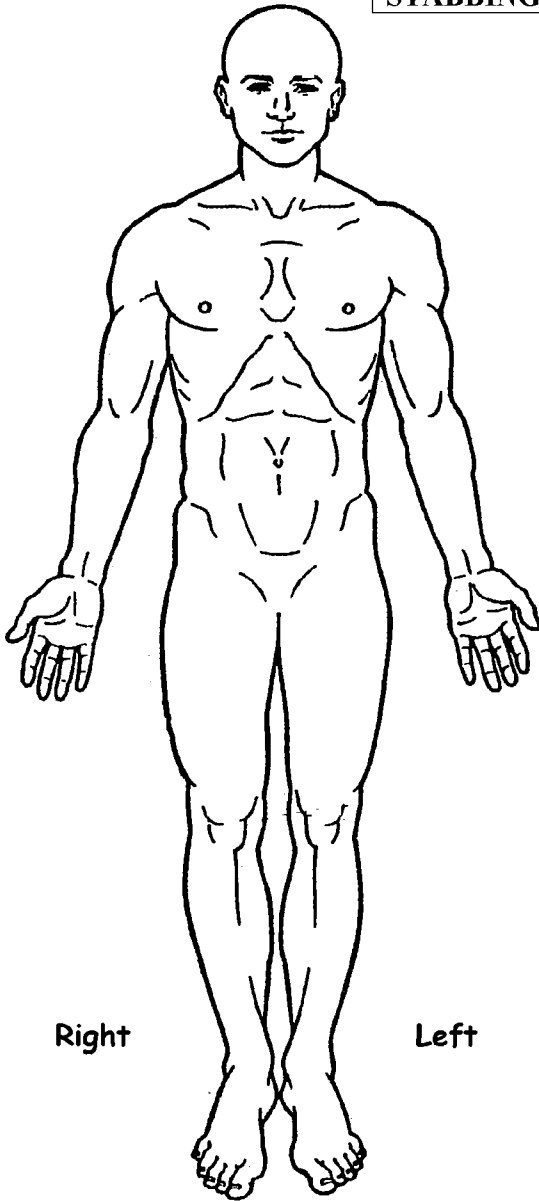


WHERE IS YOUR PAIN NOW?

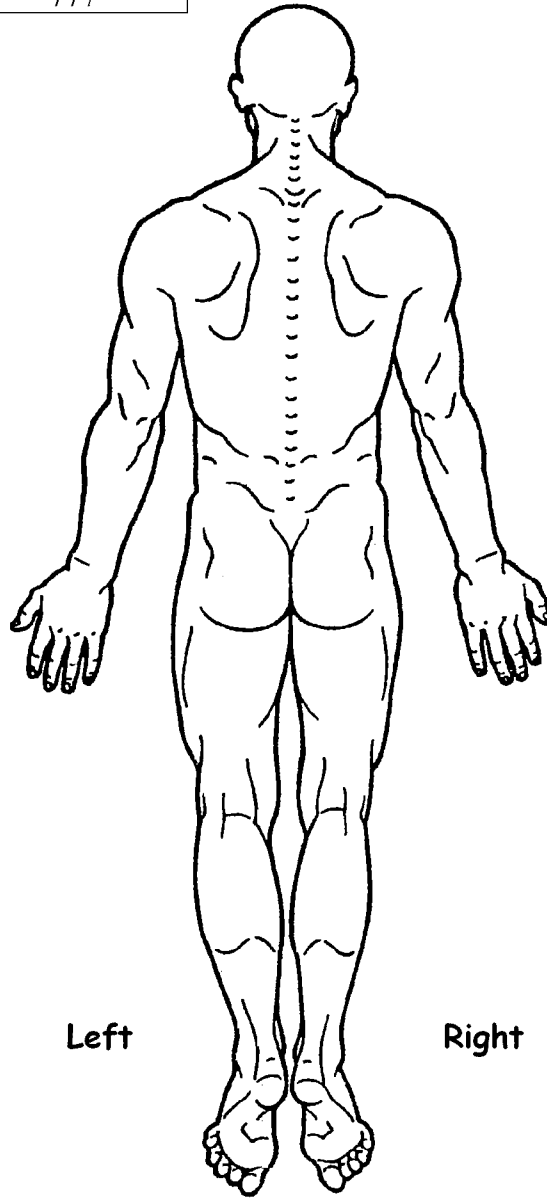
Mark the areas on your body where you feel these sensations:

KEY	
ACHE	AAA
NUMBNESS	OOO
PINS & NEEDLES	---
BURNING	XXX
STABBING	///



Right

Left



Left

Right

PLEASE MARK WITH AN "X" ON THE LINE BELOW THE DEGREE OF PAIN NOW:

NO PAIN

WORST PAIN

SINCE YOUR SURGERY/PROCEDURE, ARE YOU NOW: Better Worse Same

PATIENT NAME: _____

DATE: _____