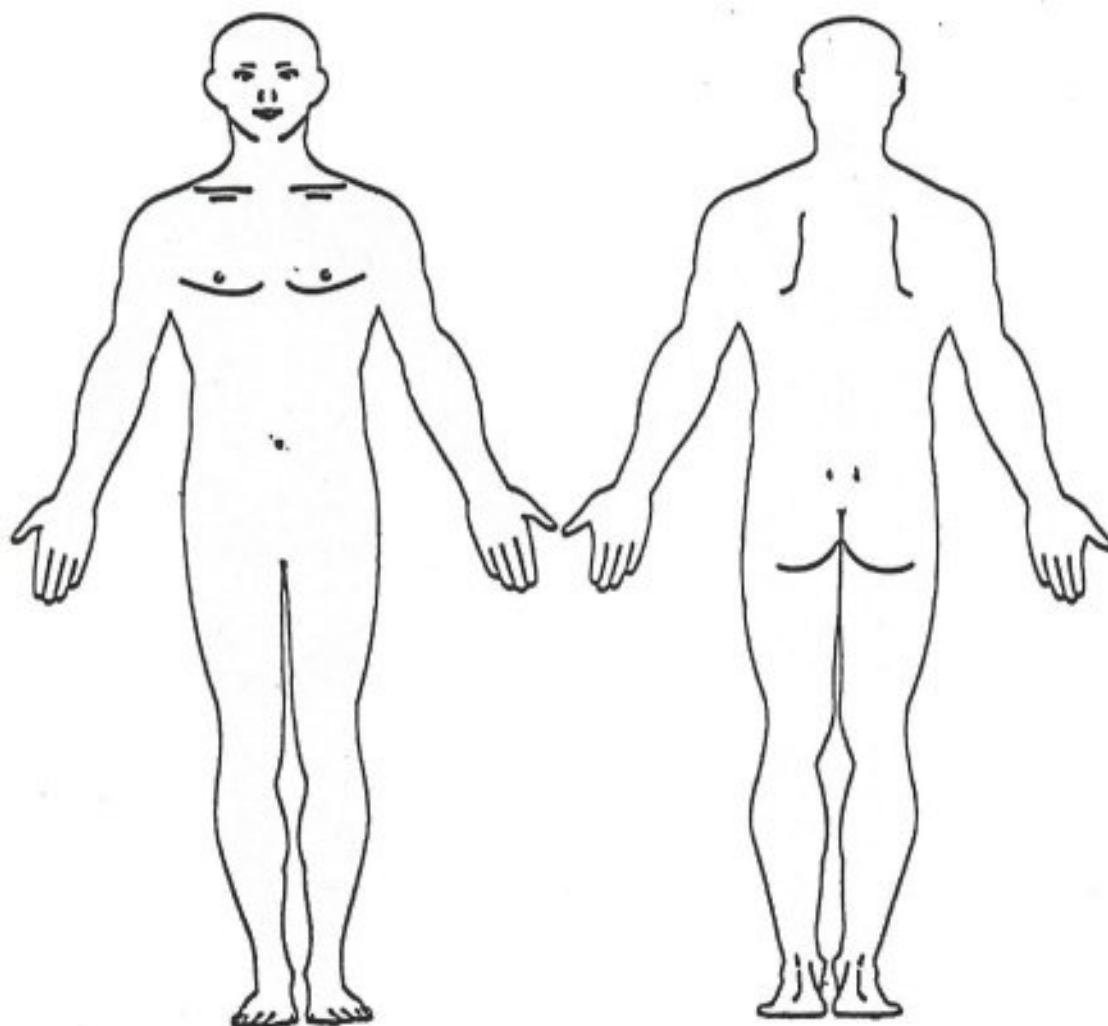


Patient Name: _____ File # _____ Date: _____

PAIN CHART

Using the appropriate symbols,
mark the areas of the body where you feel the described sensations.
Include ALL affected areas.

Numbness	+++++
Burning	XXXX
Pins and Needles	00000
Sharp	////////
Dull and Aching	*~*~*~*
Stabbing	☆☆☆☆
Weakness	ΔΔΔΔΔ



Patient Signature: _____