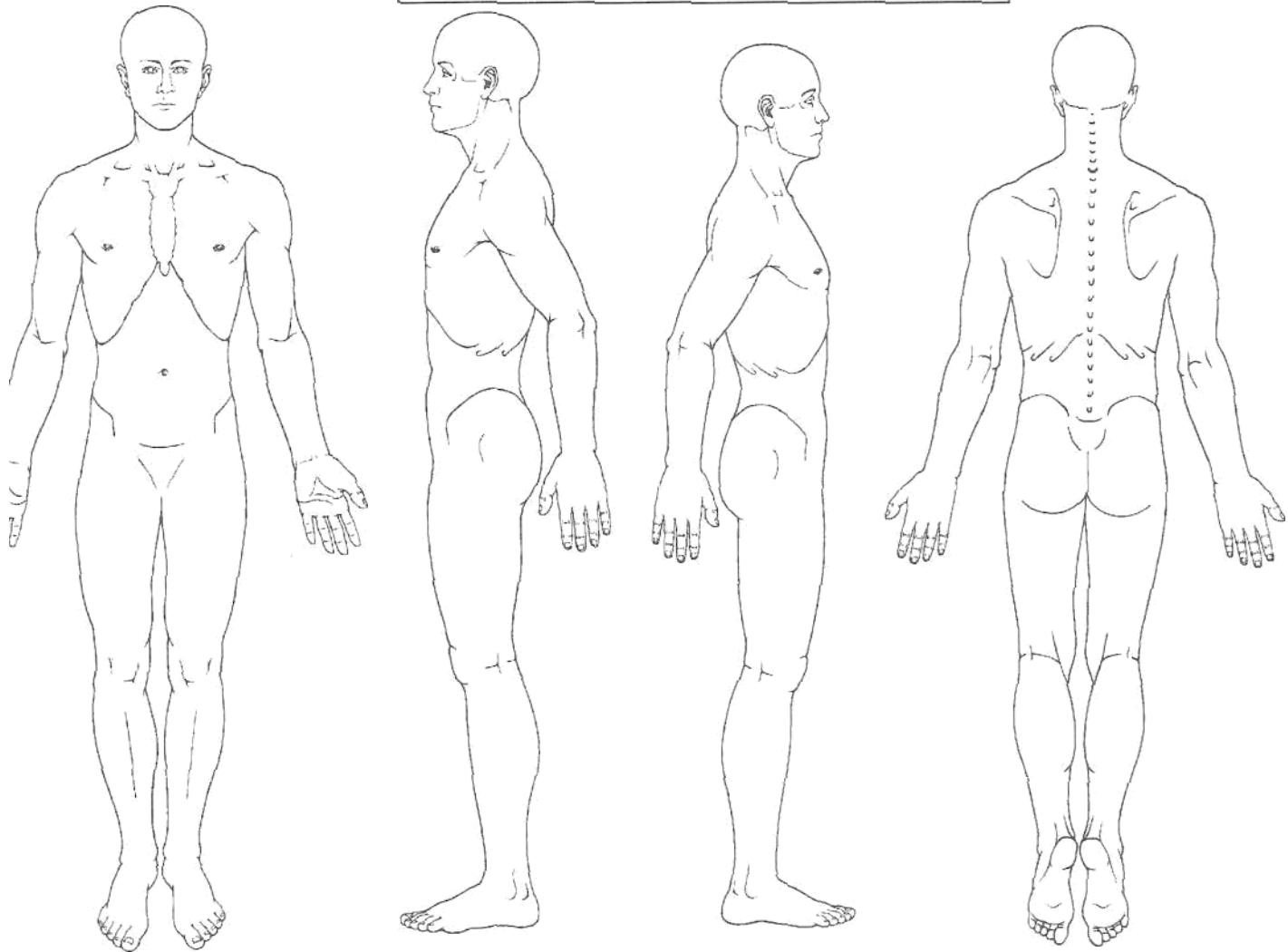


PAIN LOCATION



Please mark of ALL the current areas of your complaint(s) on the diagrams above. Please use the following symbols on the pain diagram to accurately describe your condition.

- PPP** **Where you experience Pain**
- NNN** **Where you experience Numbness**
- TTT** **Where you experience Tingling**
- BBB** **Where you experience Burning**
- CCC** **Where you experience Cramping**

Please place a “X” on the line below relating to where you condition exists today.

| | | |
|---|-------|---|
| <p><i>NO Pain/Numb/etc.</i> All Activities OK</p> | ----- | <p>Pain/Numb/Tingle Activity Difficulty</p> |
| Best Ever Felt | | Worst Ever Felt |

Office use only: VAS = _____

PATIENT SIGNATURE _____ **DATE** _____