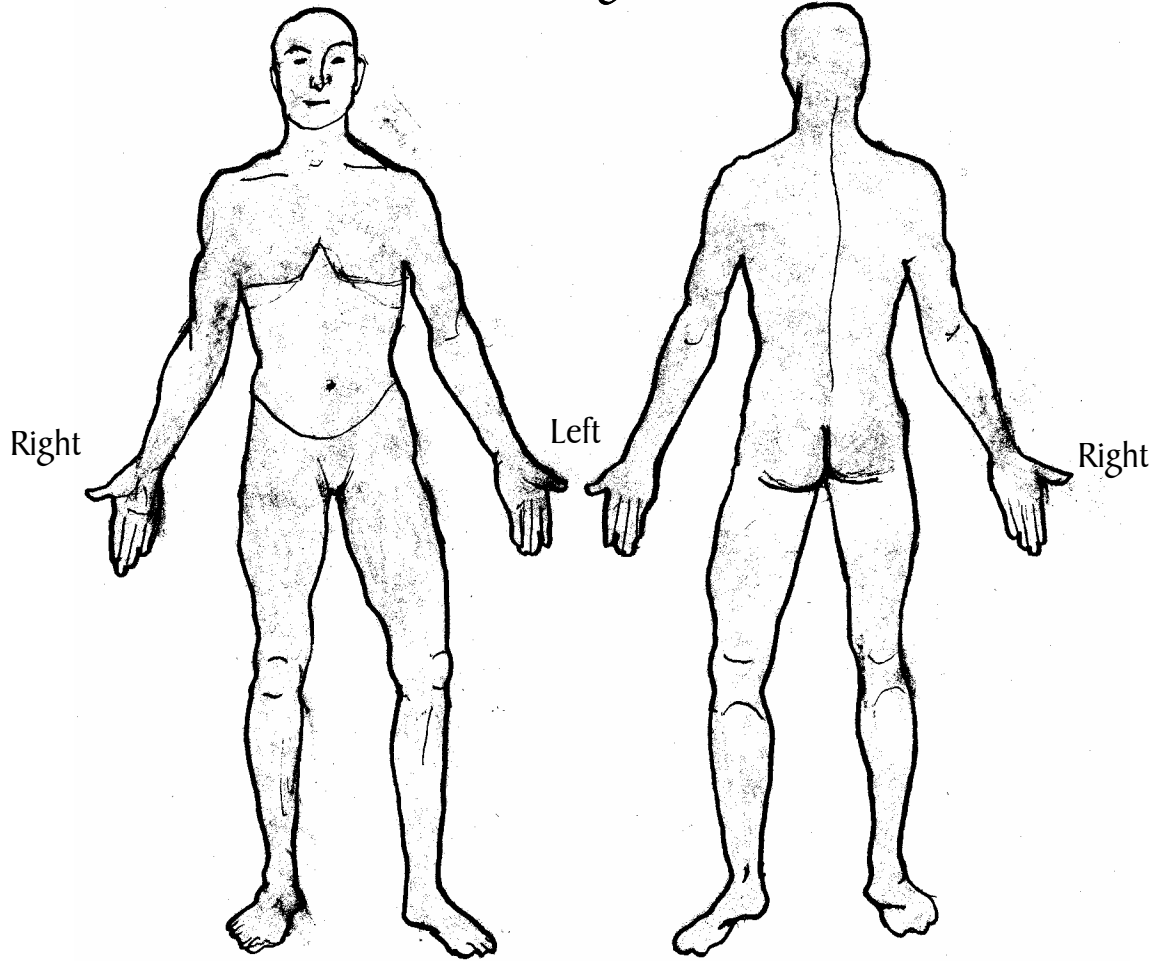


Pain Diagram



Please mark areas where you feel the following symptoms:

- XXX Numbness
- / / / Burning
- o o o Stabbing
- \ \ \ Aching

Patient Name

Date

Signature