Patient Name(Print)	ar a na h-ann ann ann an an ann an ann ann ann an	Date	
Patient ID #			
Please draw the location of	f your pain or discon	nfort on the images below. Use th	e symbols
shown to represent the typ	e(s) of pain:		
	B = Burning	S = Stabbing/Cutting T = Tingling (Pins & Needles) C = Cramping	
On the scales below, please draw a vertical line representing your pain or discomfort:			
Rate the pain you have right now: Rate your pain at its best in the past w			e past week:
No Pain	Unbearable Pair	n No Pain	Unbearable Pain
Rate your average pain in	the past week:	Rate your worst pain in the pa	st week:
No Pain	Unbearable Pair	n No Pain	Unbearable Pain