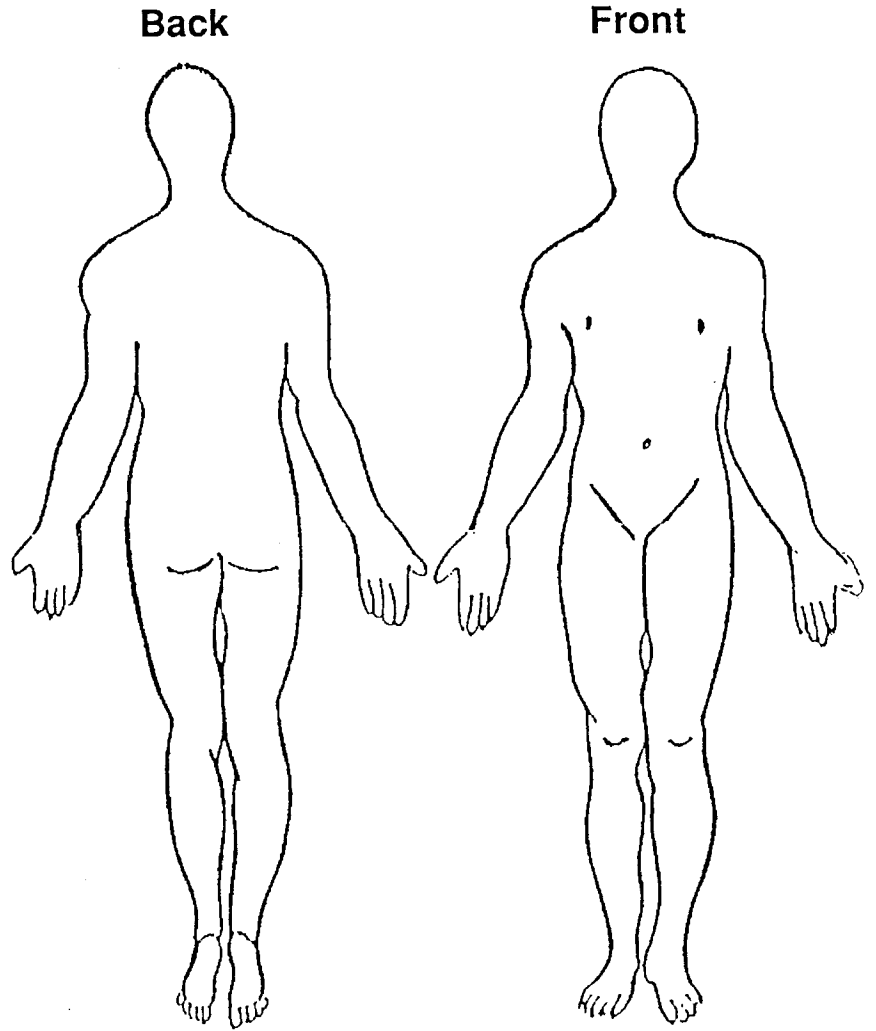


Please fill in body drawings, using the symbols below to designate areas of pain and/or numbness.

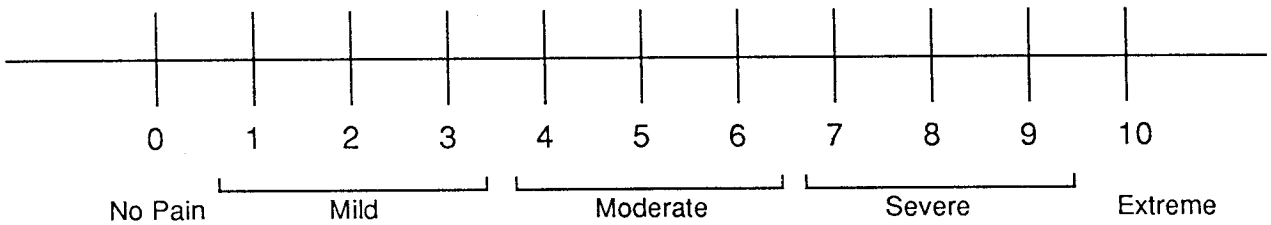
- 1. ^^^ Ache
- XXX Burning
- === Numbness
- ///// Stabbing
- oooo Pins & Needles

2. Please rate painful areas in order of severity, (Most painful area 1st).

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____



Borg Pain Index



What level does your pain reach at its worst? _____

What is the level of pain you experience least? _____

What would you say is your average pain level? _____

Signature _____

Date _____