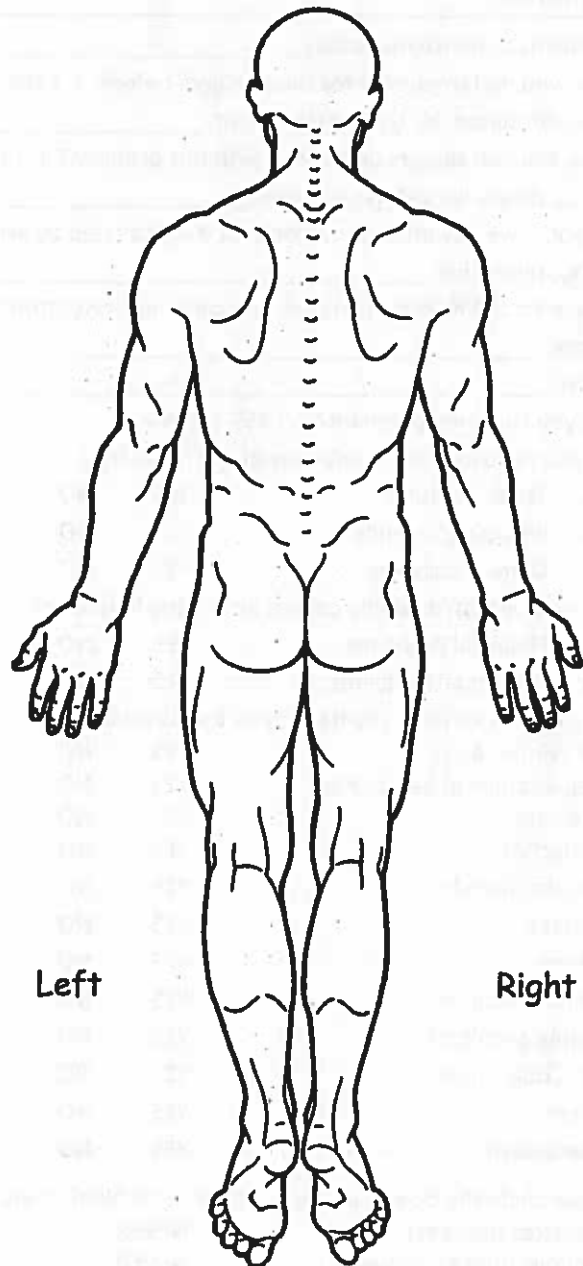
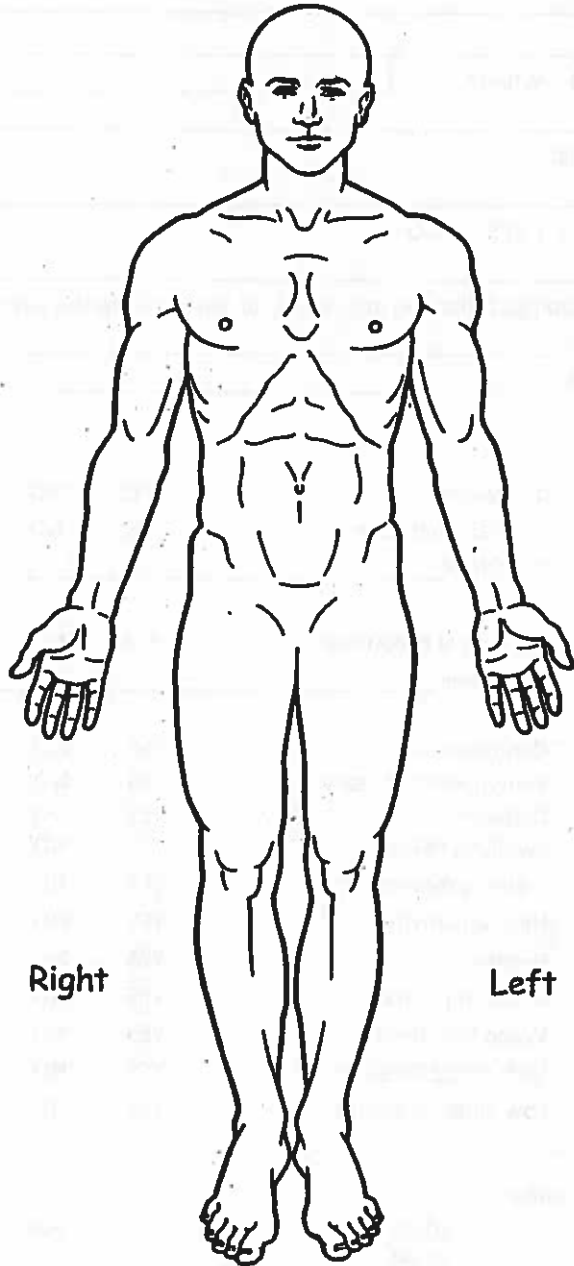


# WHERE IS YOUR PAIN NOW?

Mark the areas on your body where you feel the described sensations

ACHE	NUMBNESS	PINS & NEEDLES	BURNING	STABBING
AAA	OOO	---	XXX	///
AAA	OOO	---	XXX	///
AAA	OOO	---	XXX	///



PLEASE MARK ON THE LINE WITH AN X THE DEGREE OF PAIN NOW

NO PAIN

WORST PAIN

ARE YOU NOW: BETTER \_\_\_\_\_ WORSE \_\_\_\_\_ SAME \_\_\_\_\_ SINCE THE PROCEDURE

Name: \_\_\_\_\_

Date: \_\_\_\_\_