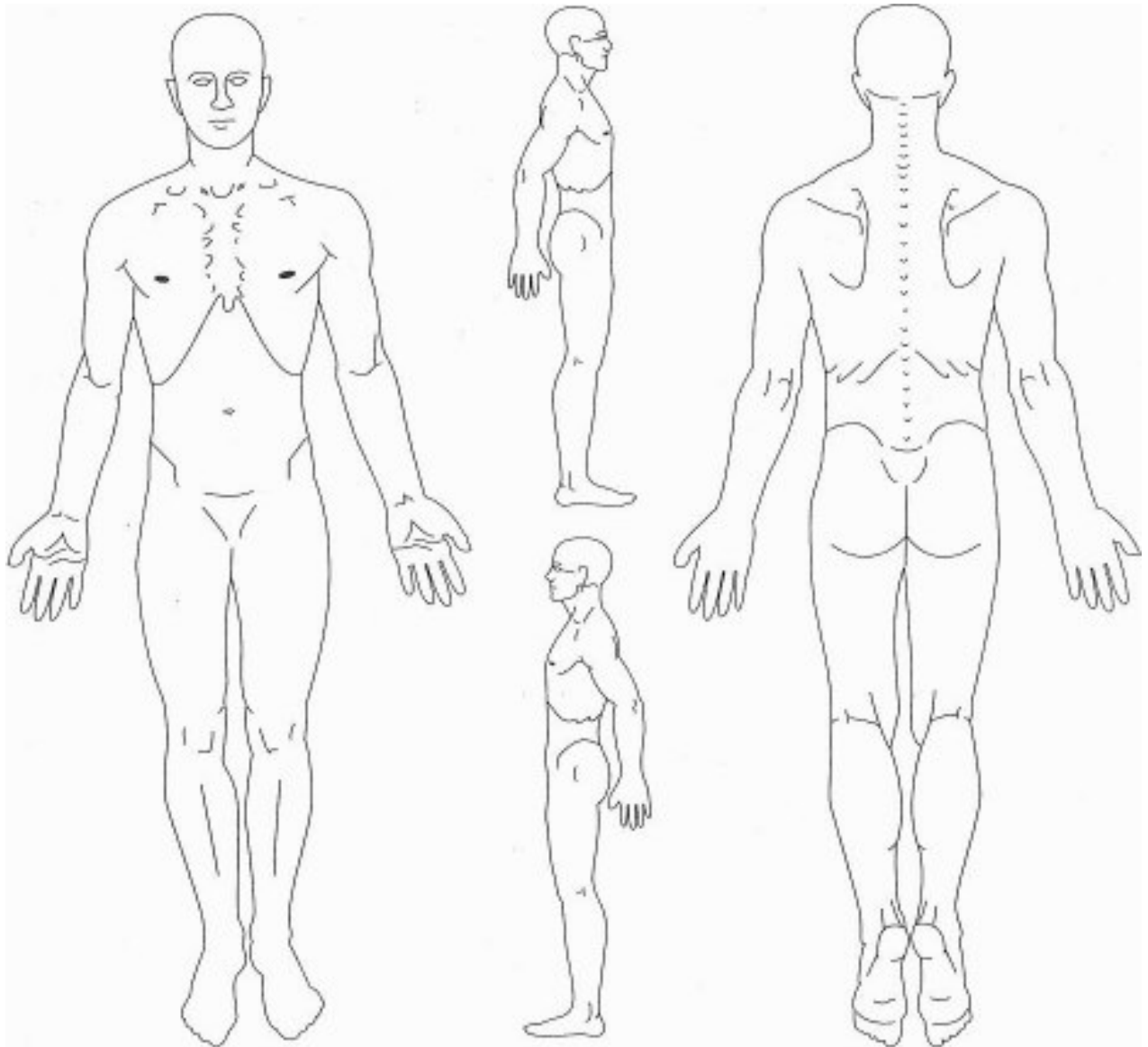


PAIN LOCATION & RADIATION

Please circle, "X", or shade any areas of discomfort, pain, numbness or tingling. Indicate what type of discomfort or pain it is by labeling the body part with: dull, sharp, stabbing, burning, pinching, throbbing, aching, numbness, tingling, cramping, paralyzing, gripping, etc... Please be as detailed as possible!



On the line below, draw an "X" through the line representing your level or grade of pain and/or discomfort

NONE

MILD

MODERATE

SEVERE

I-----I