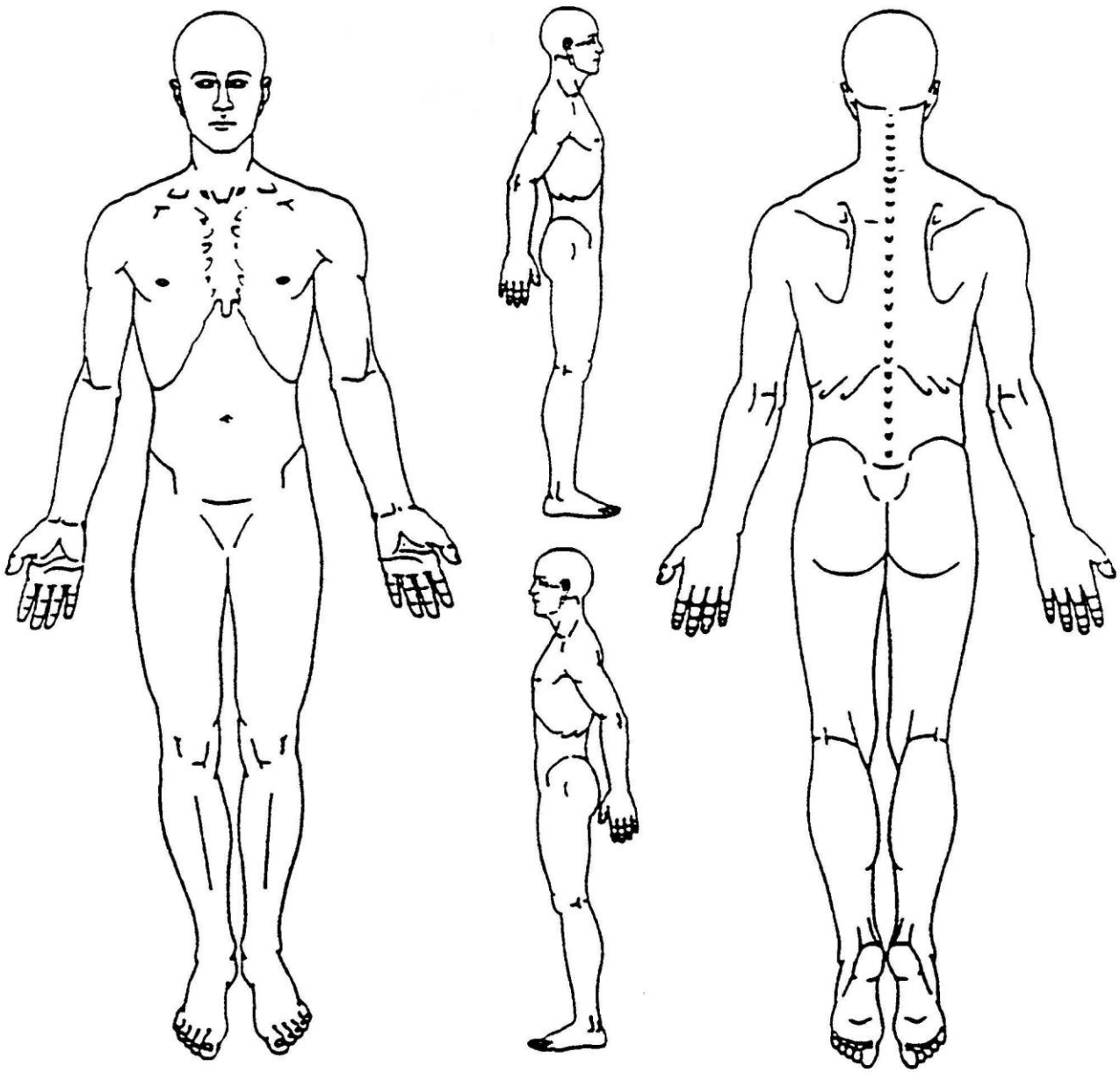
PATIENT NAME: DATE:

USE THE LETTERS BELOW TO INDICATE THE TYPE AND LOCATION OF YOUR SENSATIONS RIGHT NOW

A = ACHE B = BURNING N= NUMBNESS S = STABBING
P = PINS AND NEEDLES O = OTHER



PAIN SEVERITY SCALE:

NO PAIN 0 1 2 3 4 5 6 7 8 9 10 EXCRUCIATING PAIN