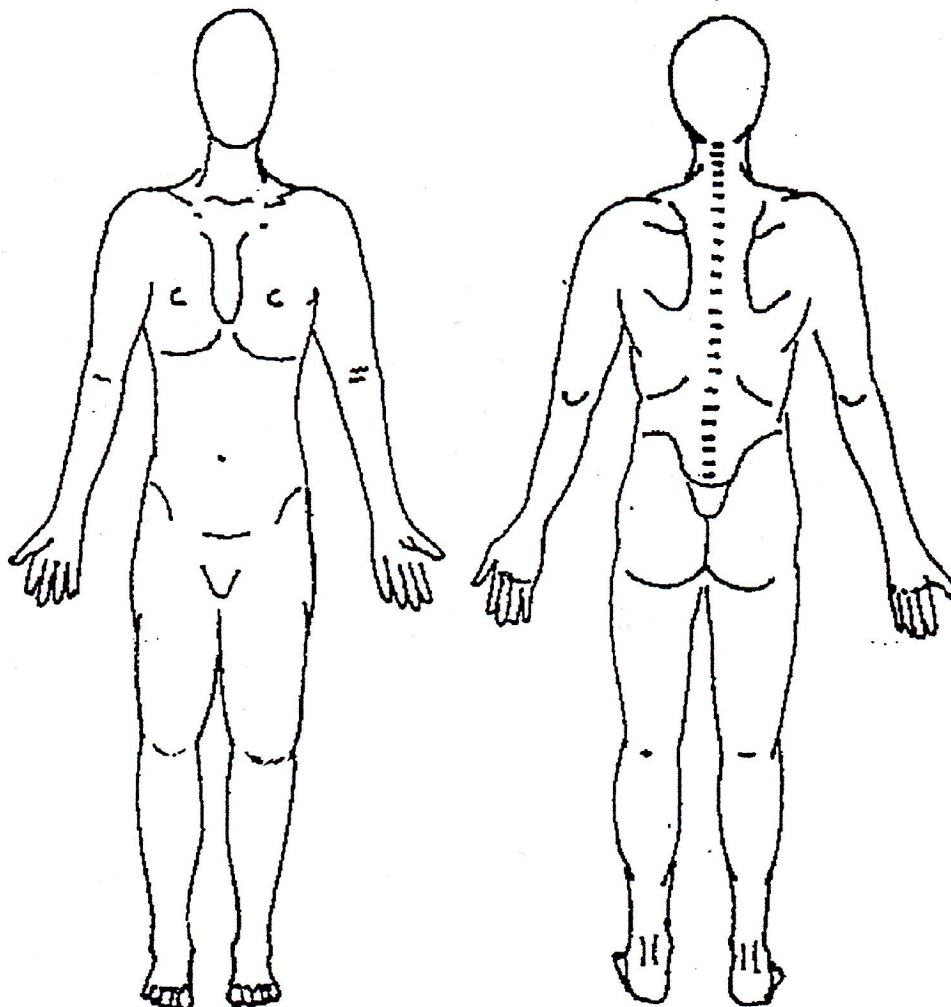


Please use the diagram below to indicate where you feel symptoms right now. Use the following key to indicate the different types of symptoms

Key:

Pins and Needles = 000000
 Burning = xxxxxx

Stabbing = // // // // //
 Deep Ache = zzzzzz



Please use the three scales below to rate your pain over the past 24 hours. Use the upper line to describe your pain level right now. Use the other scales to rate your pain at its worst and best over the past 24 hours.

Rate Your Pain	0 = NO PAIN											EXTREMELY INTENSE = 10
Right Now	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	
Worst in past 24	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	
Best in past 24 hrs	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	