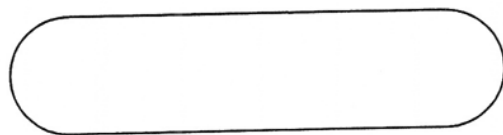


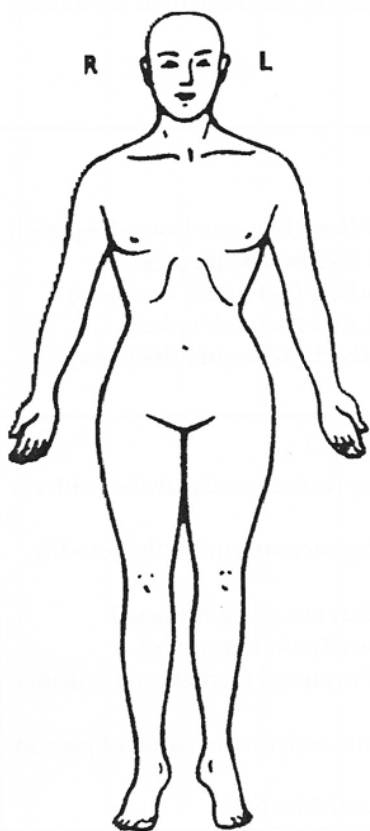
SUBJECTIVE PAIN IDENTIFICATION AND EVALUATION



Please mark the level of pain you are experiencing on the line below with "0" being no pain and "10" being severe, unbearable pain.



Please mark your symptomatic area by encircling it on the figures below and fill in the encircled area by describing what type of problem you are having.



Numbness	= = = =
	= = = =
Pins & Needles	◇ ◇ ◇ ◇
	◇ ◇ ◇ ◇
Burning	X X X X
	X X X X
Pain	/ / / /
	/ / / /

