



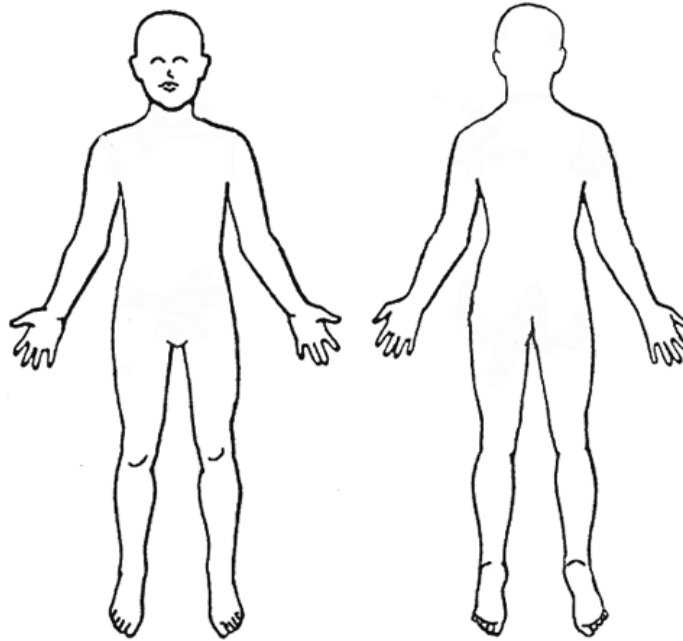
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Rate the intensity of your pain on a 0 to 10 scale where 0 is no pain and 10 is pain as bad as it could be.

1. Least pain over the past week: _____.
2. Worst pain over the past week: _____.
3. Average pain over the past week: _____.

Mark the areas on your body where you feel the described sensations. Use the appropriate symbol. Include all affected areas.

Numbness	Pins & Needles	Aching	Burning	Stabbing
-----	F F F F	X X X X	////
-----	F F F F	X X X X	////
-----	F F F F	X X X X	////



Right hand
 Left hand (center)

Right hand
 Left hand (center)

NAME:

DATE: