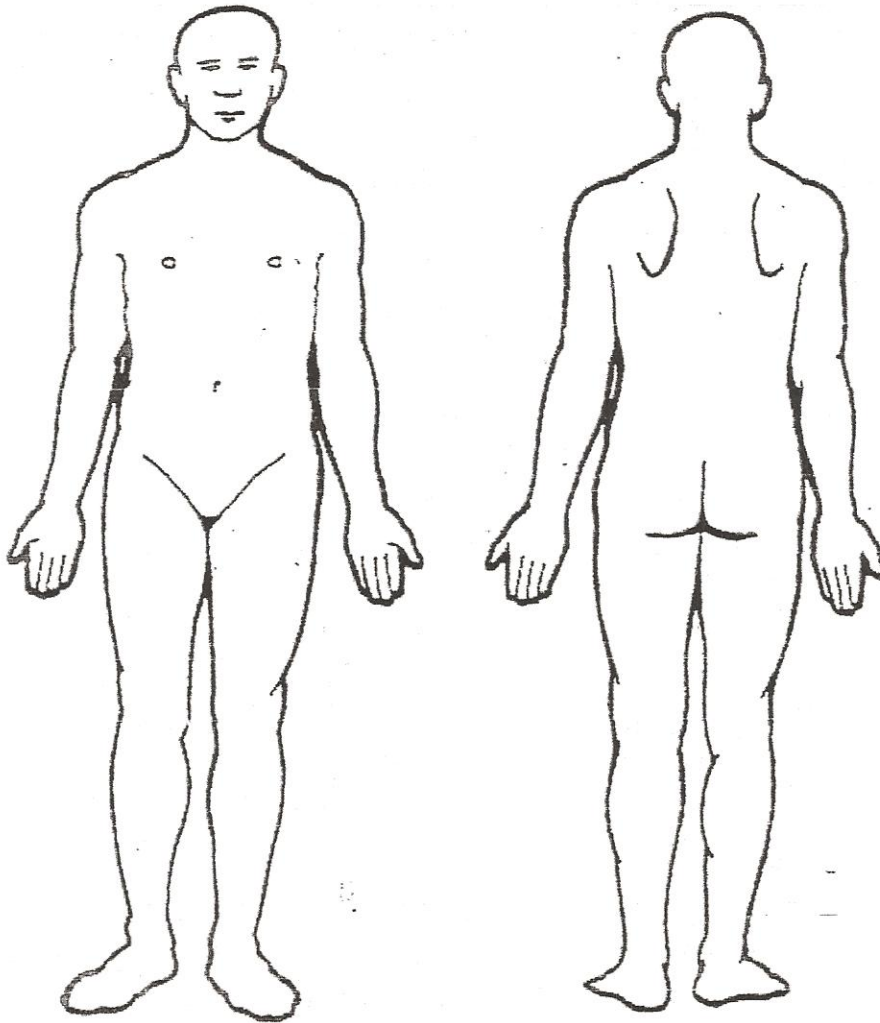


Patient Name: _____ Date: _____



KEY:	Ache A A A A	Numbness = = = =	Pins & Needles O O O O	Burning x x x x	Stabbing / / / /
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1. What is your pain RIGHT NOW?

No pain-----worst possible pain

2. What has your pain been (on average) DURING THE PAST WEEK?

No pain-----worst possible pain

3. What is the BEST you felt this past week?

No pain-----worst possible pain

4. What is the WORST you felt this past week?

No pain-----worst possible pain