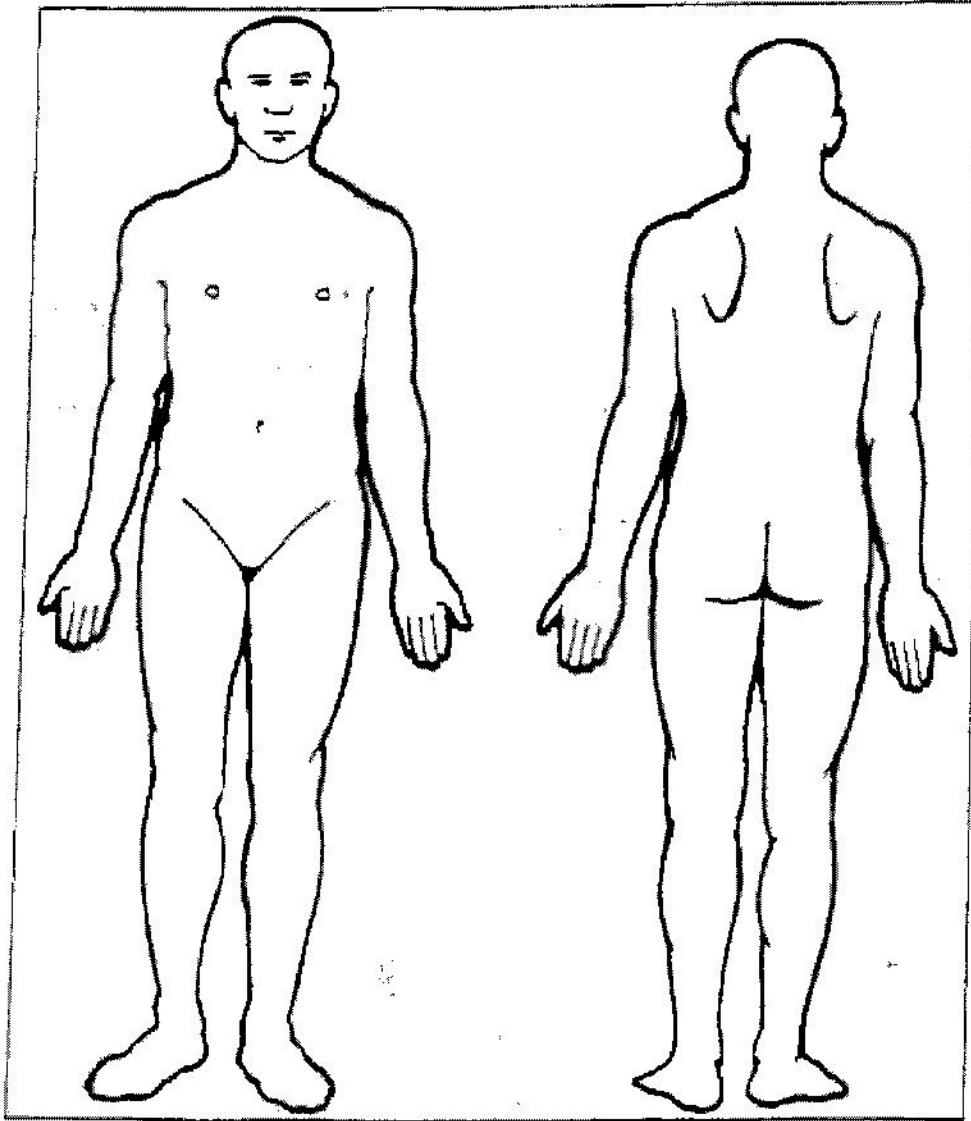


Patient Name: _____ Date: _____

Whole Body Symptom Description



KEY:	Ache A A A A	Numbness = = = =	Pins & Needles O O O O	Burning X X X X	Stabbing / / / /
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Please indicate on the line below the number between 0 and 100 that best describes your pain.

A zero (0) would mean "No Pain" and a one-hundred (100) would mean the "Worst Pain Possible"

Please write only one number: _____