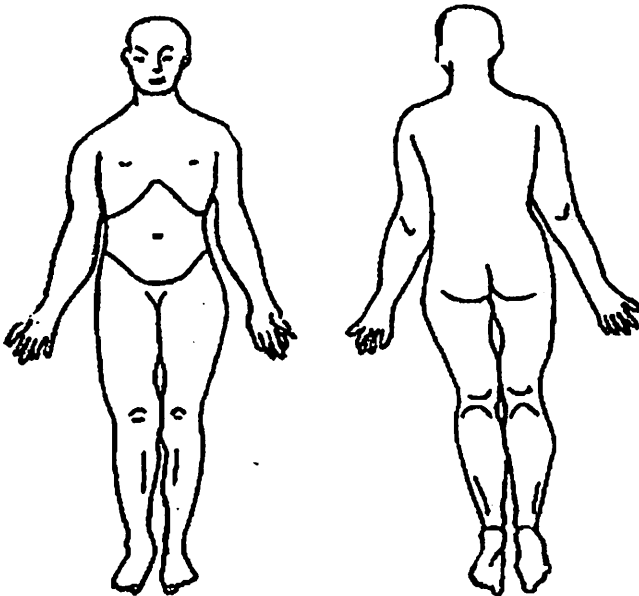


INSTRUCTIONS:

1. Mark each area of your pain or other symptoms onto the chart.
2. Choose the corresponding number and letters from the previous list to describe your symptoms or use your own words.
3. Put the date each area of symptoms started for this episode to the best of your memory.

- | | | |
|------------|--------------|--------------|
| 1 Sharp | 5. Throbbing | 9. Heavy |
| 2 Shooting | 6. Ache | 10. Tight |
| 3 Burning | 7. Tingling | 11. Pulling |
| 4 Dull | 8. Numb | 12. Stabbing |



OFFICE USE:

Progressive levels P1= ,P2= P3 =

NOTES
