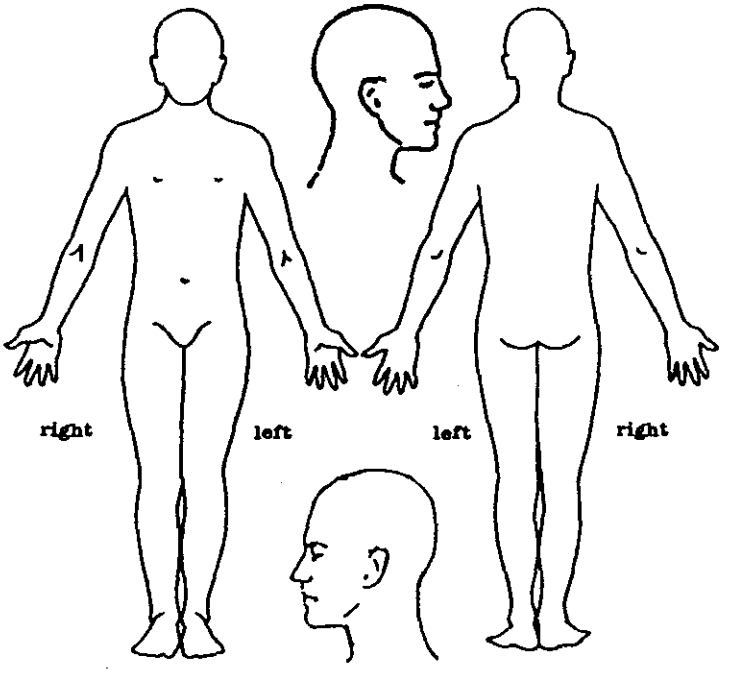
SHOW AREA(S) OF PAIN OR UNUSUAL FEELING

Mark the areas on this body where you feel the described sensations.
Use the appropriate symbols.
Mark areas of radiation.
Include all affected areas.

Numbness	Pins & Needles	Burning	Aching	Stabbing
- - - - -	00000	xxxxx	*****	/////
- - - - -	00000	xxxxx	*****	/////
- - - - -	00000	xxxxx	*****	/////

Pain Chart



INDICATE ABILITY TO PERFORM THE FOLLOWING ACTIVITIES

USE CODES:

U - Unable **P - Painful** **D - Difficult** **L - Limited** **N - Normal**

___ Coughing or sneezing
___ Getting in or out of a car
___ Bending forward to brush teeth
___ Turning over in bed
___ Walking short distances
___ Standing for more than 1 hour
___ Sitting at a table
___ Lying on back
___ Lying flat on stomach
___ Lying on side with knees bent
___ Bending over forward

___ Climbing
___ Kneeling
___ Balancing
___ Dressing self
___ Sleeping
___ Stooping
___ Gripping
___ Pushing
___ Pulling
___ Reaching
___ Sexual Activity

Date:_____

_____
Signature