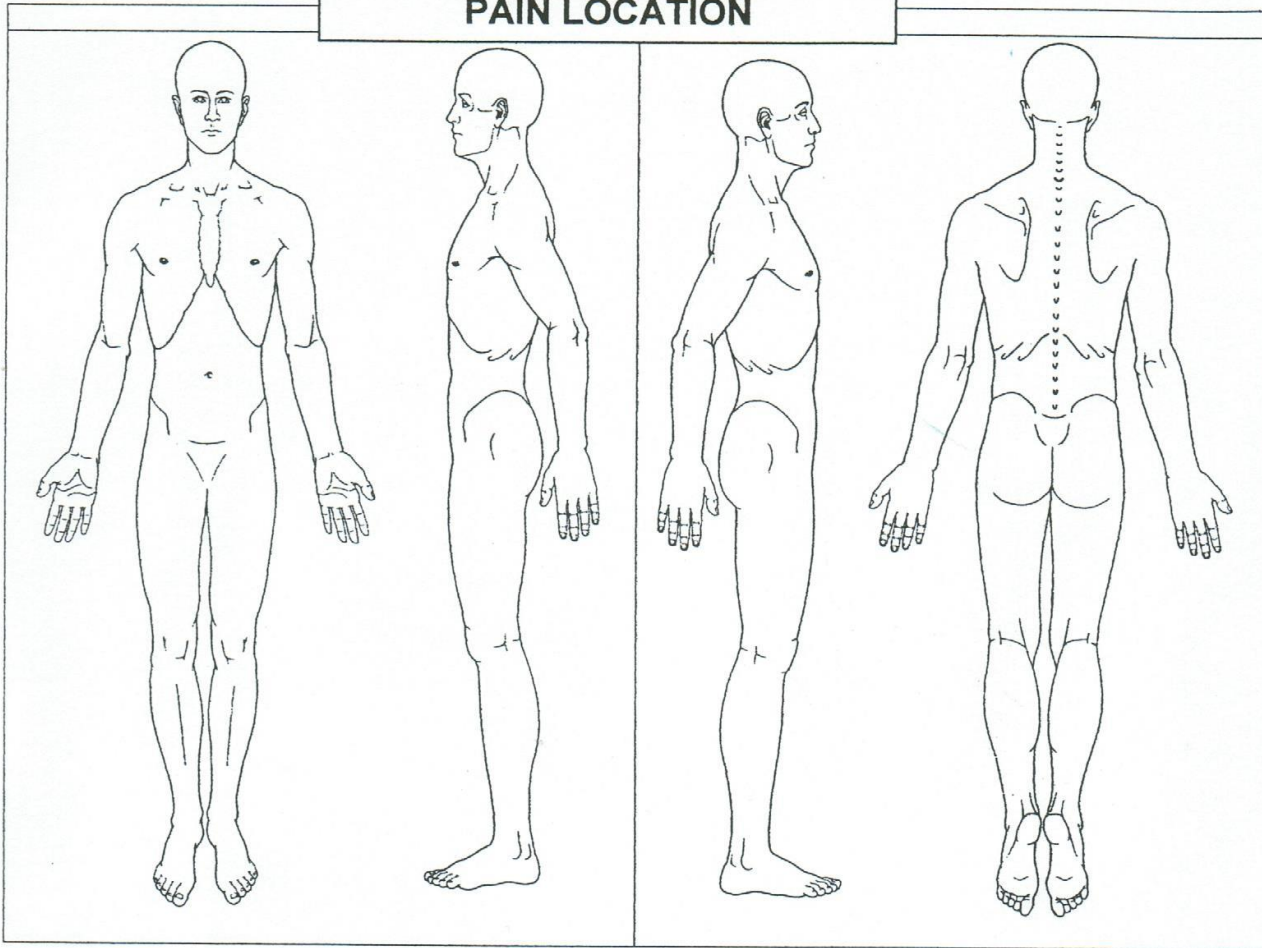


PAIN LOCATION



**Please mark off the areas of your complaint on the diagram above.
Please use the following symbols on the pain diagram to accurately
describe your condition.**

- PPP** **Where you experience Pain**
- NNN** **Where you experience Numbness**
- TTT** **Where you experience Tingling**
- BBB** **Where you experience Burning**
- CCC** **Where you experience Cramping**

Name: _____ **Date:** _____