

# Buffalo Spine Surgery

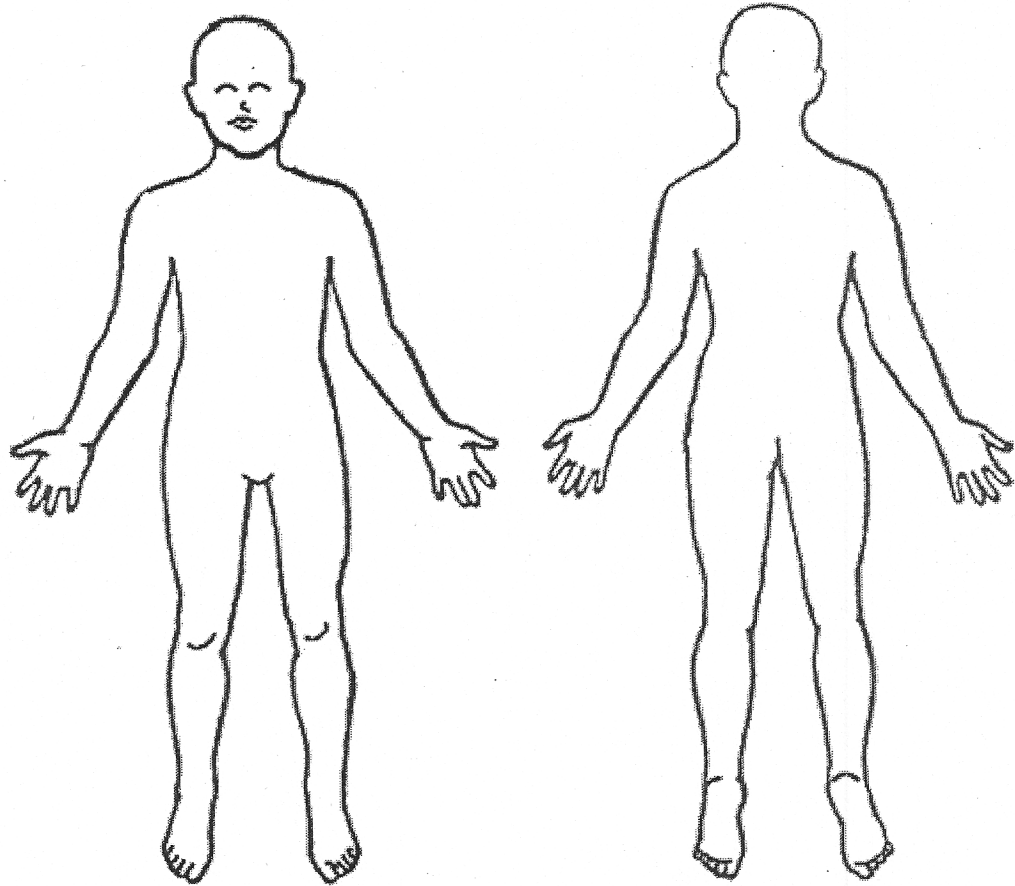
Center for Excellence in Spine Care

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Name \_\_\_\_\_ Date \_\_\_\_\_

Where is your pain now?  
Mark the areas where you feel the sensations described below, using the appropriate symbol.  
Mark the areas of radiation. Include all affected areas.

Aching	Numbness	Pins and needles	Burning	Stabbing
>>>>>	=====	OOOOO	XXXXX	/////



How bad is your pain now?

Please mark an X on the body form where the pain is more severe now.

On a scale from 1 – 10, please mark on the line how bad you pain is now.

No pain – 0 Worst possible pain – 10

0 \_\_\_\_\_ 10