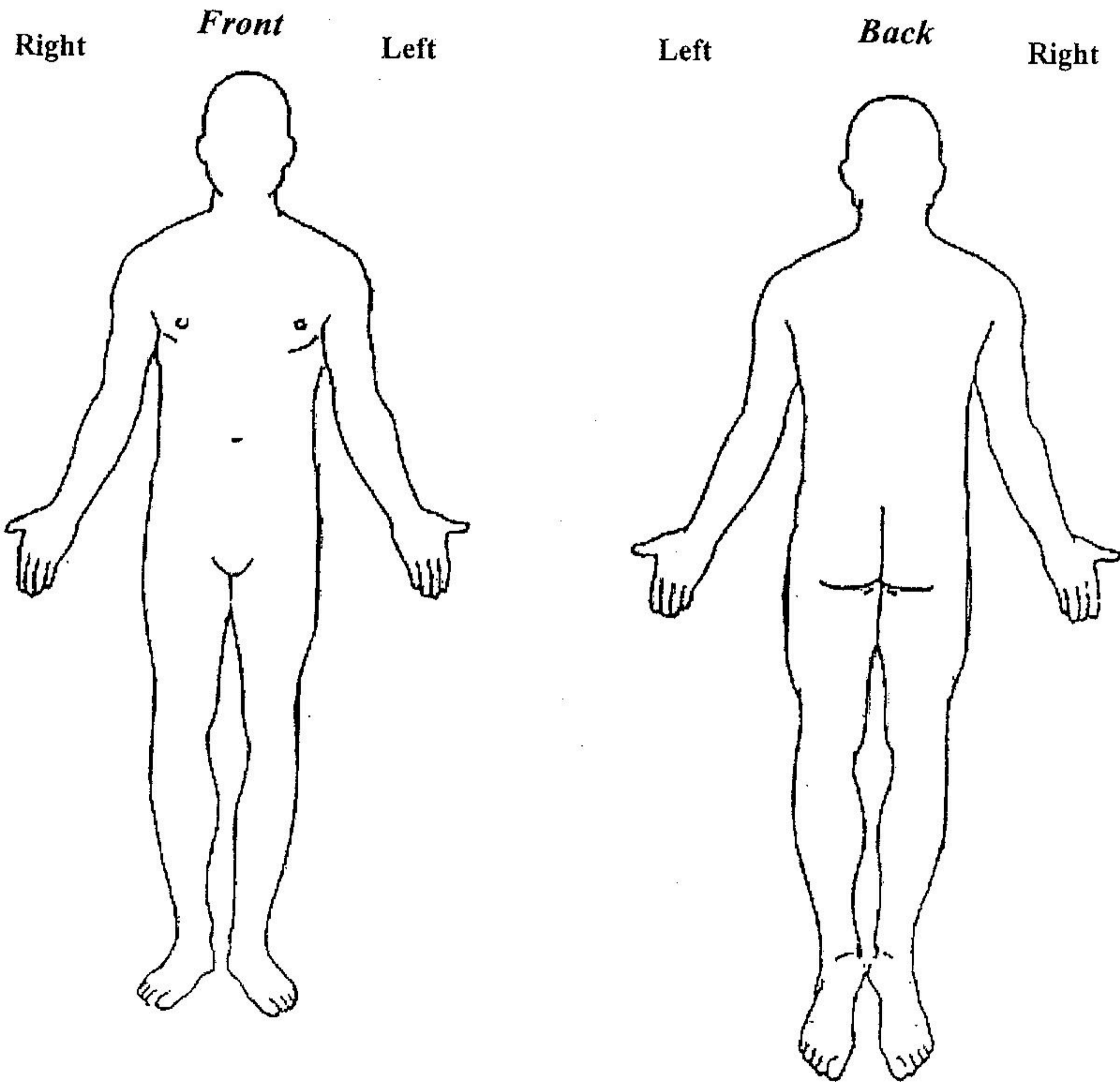


Name: _____ Date: _____

Using the symbols give below, mark the areas on your body where you feel the Described sensations, include all the affected areas.

Numbness \\\\\\\ Pins and Needles ***** Burning xxxxxx Stabbing ///// Ache ^^^^^



Mark your level of pain 1-10

