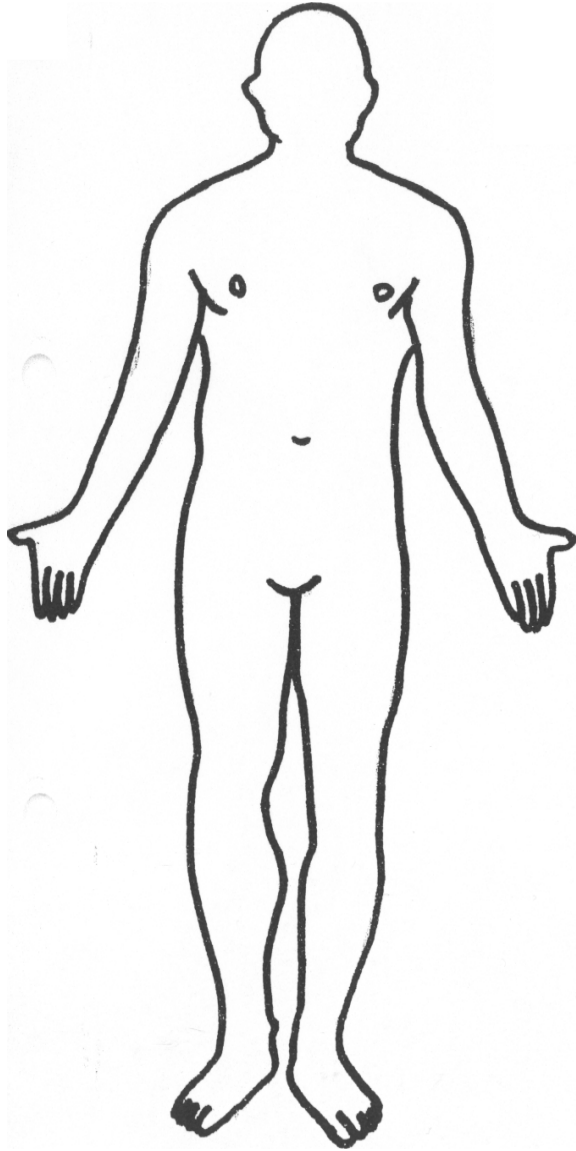


Name:
Date:

Please mark on the drawing any areas
where you feel pain. Use the symbols
below to show particular types of pain.



Pins & Needles

0 0 0 0 0 0 0

Numbness

= = = = =

Burning

X X X X X X

Stabbing

/ / / / /

Ache

^ ^ ^ ^ ^ ^

