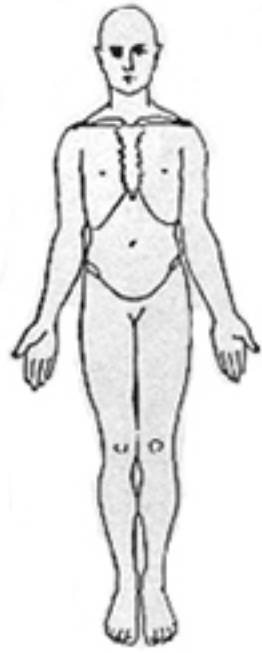
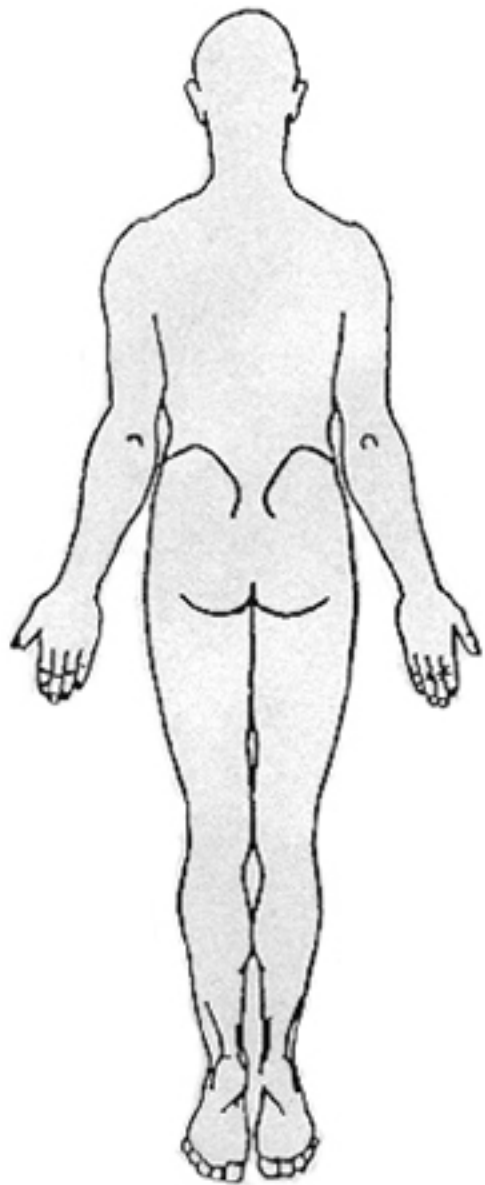


NAME: _____

DATE: _____

Mark the area on your body where you feel the described sensation.
Use the appropriate symbol and include all the affected areas.

- Achy: **XXX**
- Numbness: **OOO**
- Numb-like feeling: **ZZZZ**
- Sharp / shooting: **#####**
- Burning: **++++**
- Other: *********



How bad is your pain?

