

Name \_\_\_\_\_

Date \_\_\_\_\_

Mark the areas on the diagram where you feel the following sensations:

KEY:

**A** = Aches

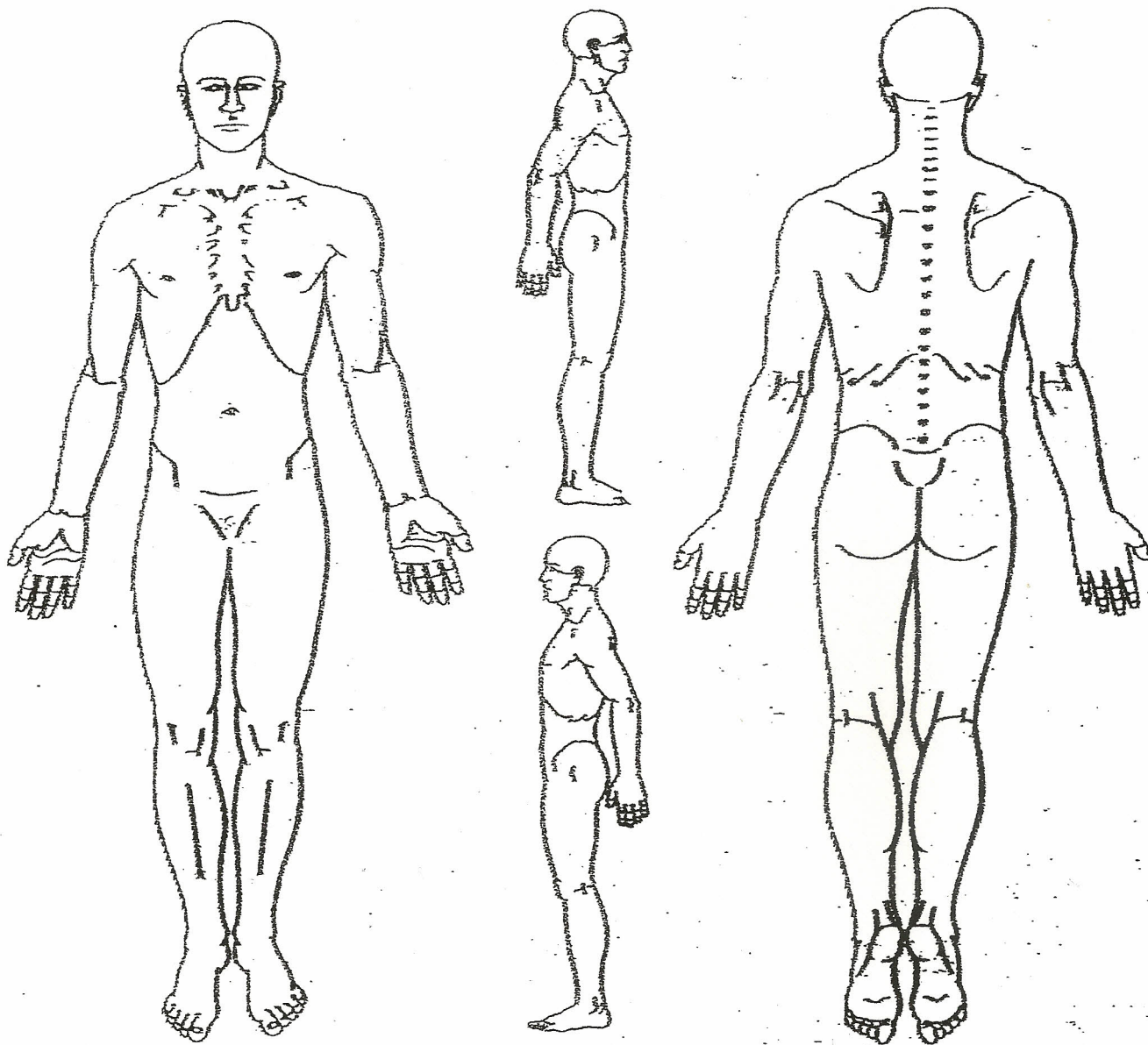
**B** = Burning

**N** = Numbness

**P** = Pins & Needles

**S** = Stabbing

**O** = Other



Indicate the severity of your symptoms by marking an "X" on the line below:

How bad are your symptoms now? \_\_\_\_\_  
None Most severe

How bad have they been in the past? \_\_\_\_\_  
None Most severe