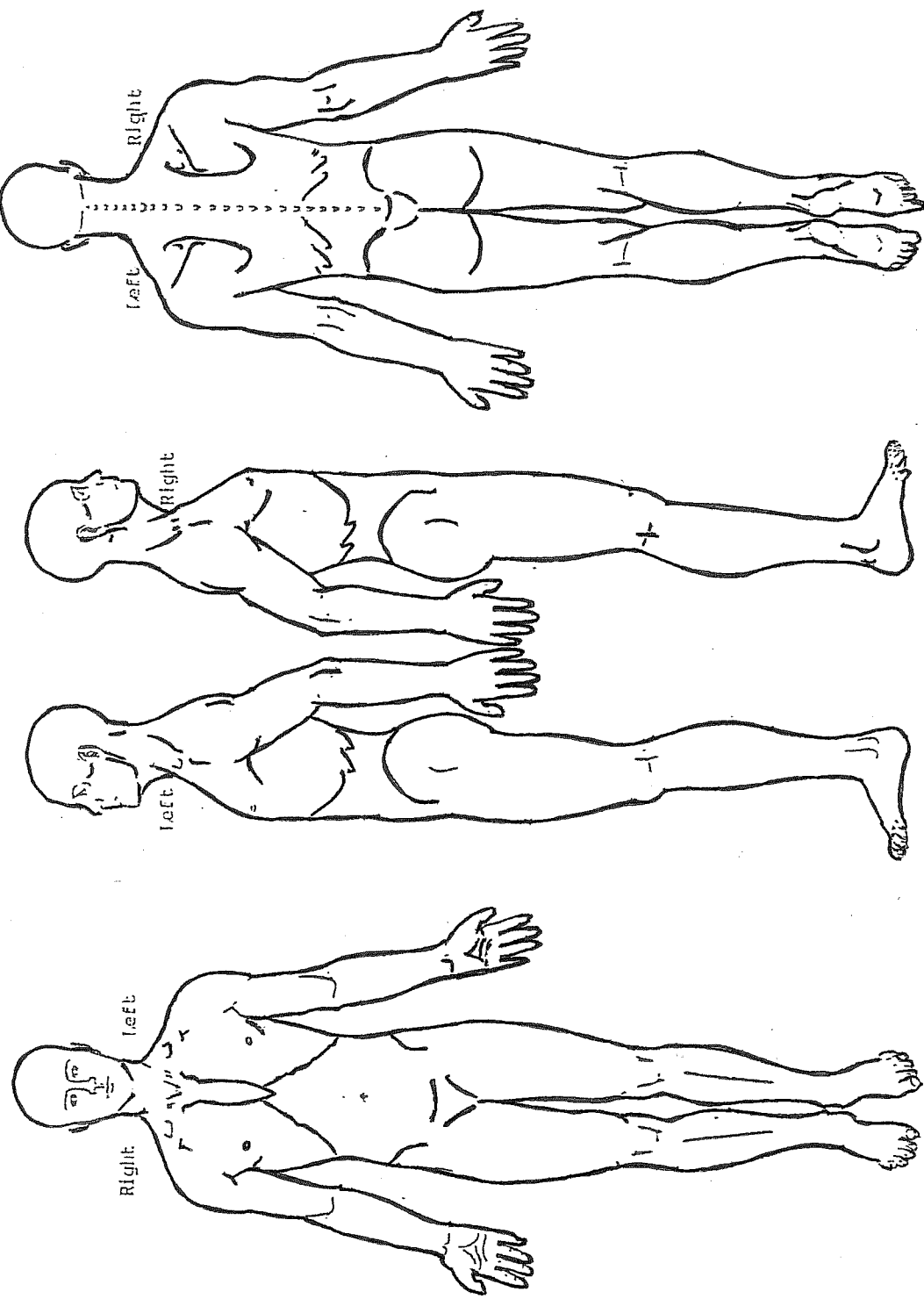


Mark the areas on your body where you feel the described sensations. Please use the appropriate symbol. Mark areas of radiation with arrows.

ACHE:	BURNING:	NUMBNESS:	PINS & NEEDLES:	STABBING:
ZZZ	BBB	XXXX	===	////
ZZZ	BBB	XX	===	///



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_