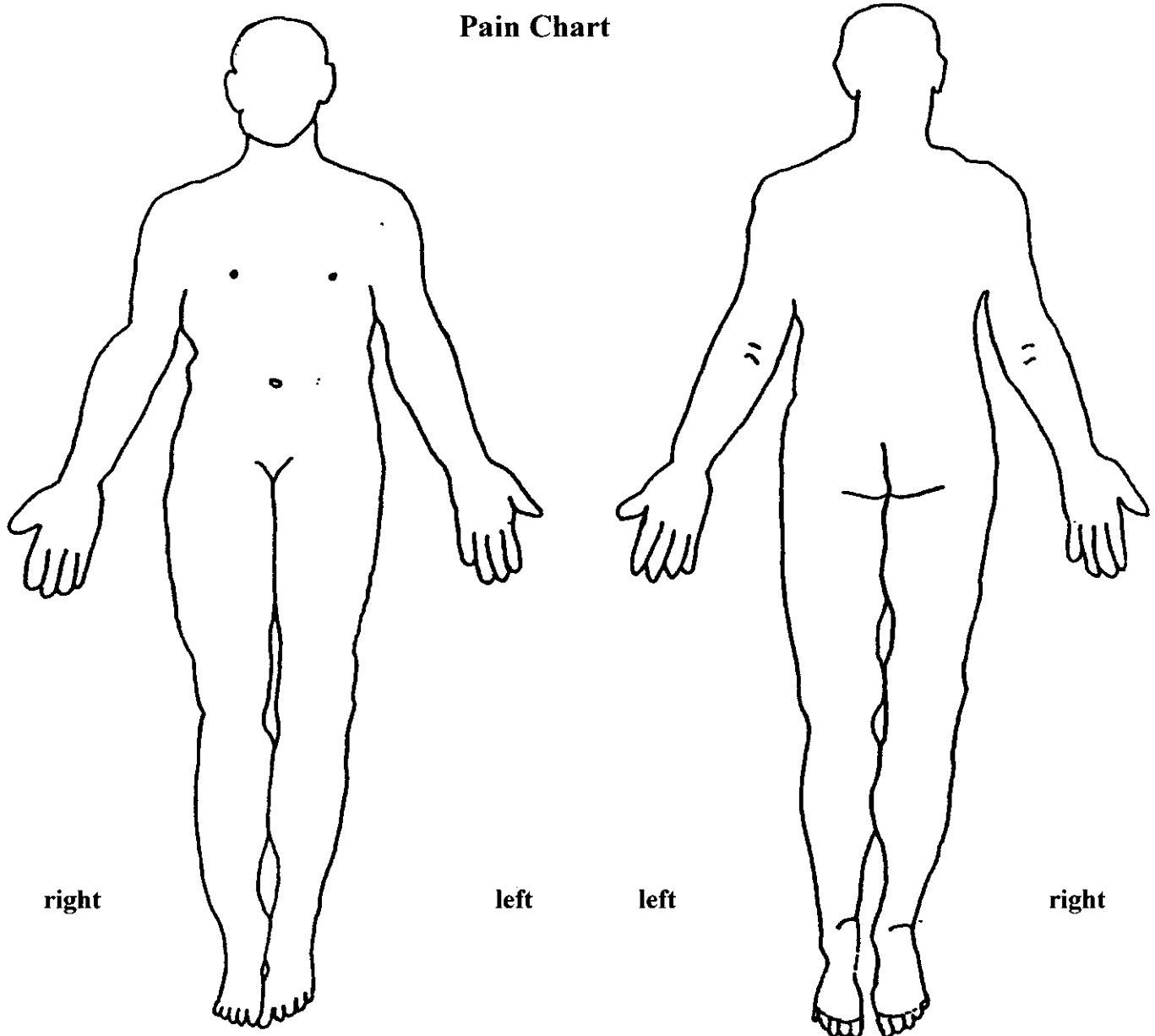


Mark the areas of this body where you feel the described sensations. Use the appropriate symbols and mark areas of radiation. Include all affected areas.

Numbness	Pins & Needles	Burning	Aching	Stabbing
-----	0000	XXXX	*****	////
-----	0000	XXXX	*****	////
-----	0000	XXXX	*****	////

Pain Chart



Name _____ File _____ Date _____