

NAME \_\_\_\_\_ Date \_\_\_\_\_

**Mark** in the areas of your body that you now feel your typical pain. Include all affected areas.

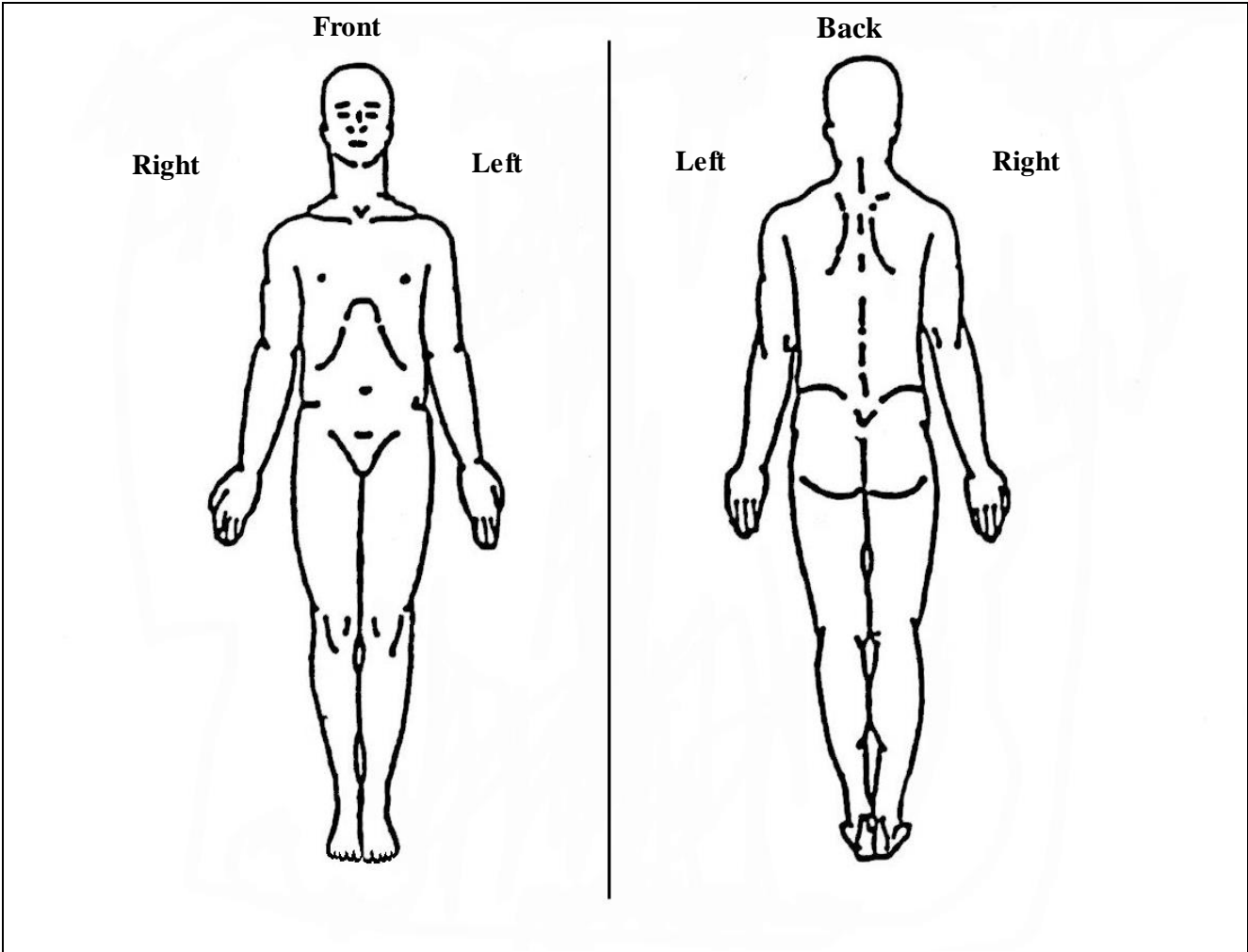
Use the appropriate symbols indicated below:

**Pain = XXXXX**

**Numbness = OOOOO**

**Pins and Needles = =====**

**Stabbing //////////////**



Please mark on line: How bad is your pain now on a scale from 0-10

0-----10