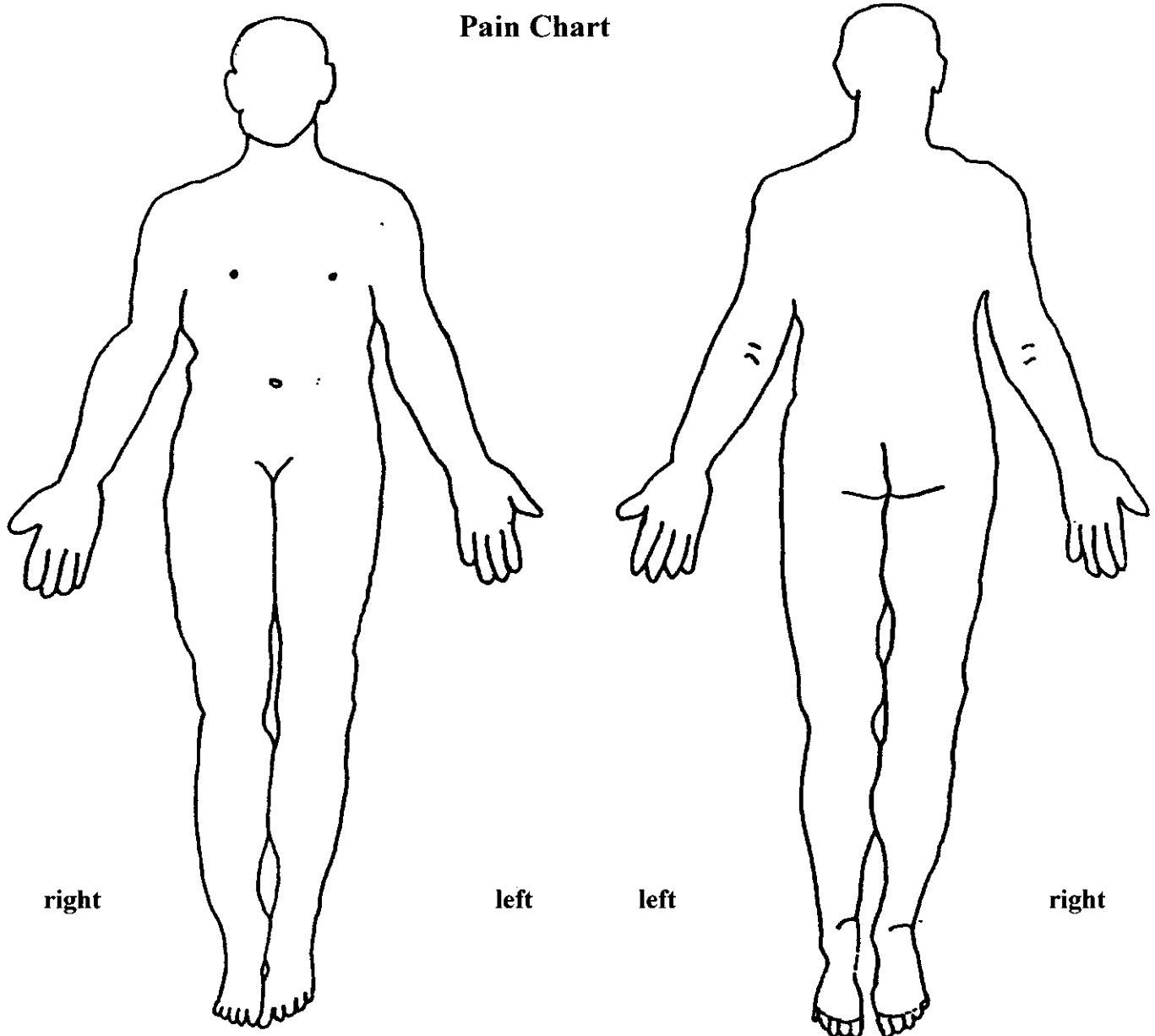


Mark the areas of this body where you feel the described sensations. Use the appropriate symbols and mark areas of radiation. Include all affected areas.

<b>Numbness</b>	<b>Pins &amp; Needles</b>	<b>Burning</b>	<b>Aching</b>	<b>Stabbing</b>
-----	<b>0000</b>	<b>XXXX</b>	<b>*****</b>	<b>////</b>
-----	<b>0000</b>	<b>XXXX</b>	<b>*****</b>	<b>////</b>
-----	<b>0000</b>	<b>XXXX</b>	<b>*****</b>	<b>////</b>

**Pain Chart**



Name \_\_\_\_\_ File \_\_\_\_\_ Date \_\_\_\_\_