

SHOW AREA(S) OF PAIN OR UNUSUAL FEELING

Mark the areas on this body where you feel the described sensations.

Use the appropriate symbols.

Mark areas of radiation.

Include all affected areas.

Numbness

Pins & Needles

0 0 0 0 0
0 0 0 0 0
0 0 0 0 0

Burning

X X X X X
X X X X X
X X X X X

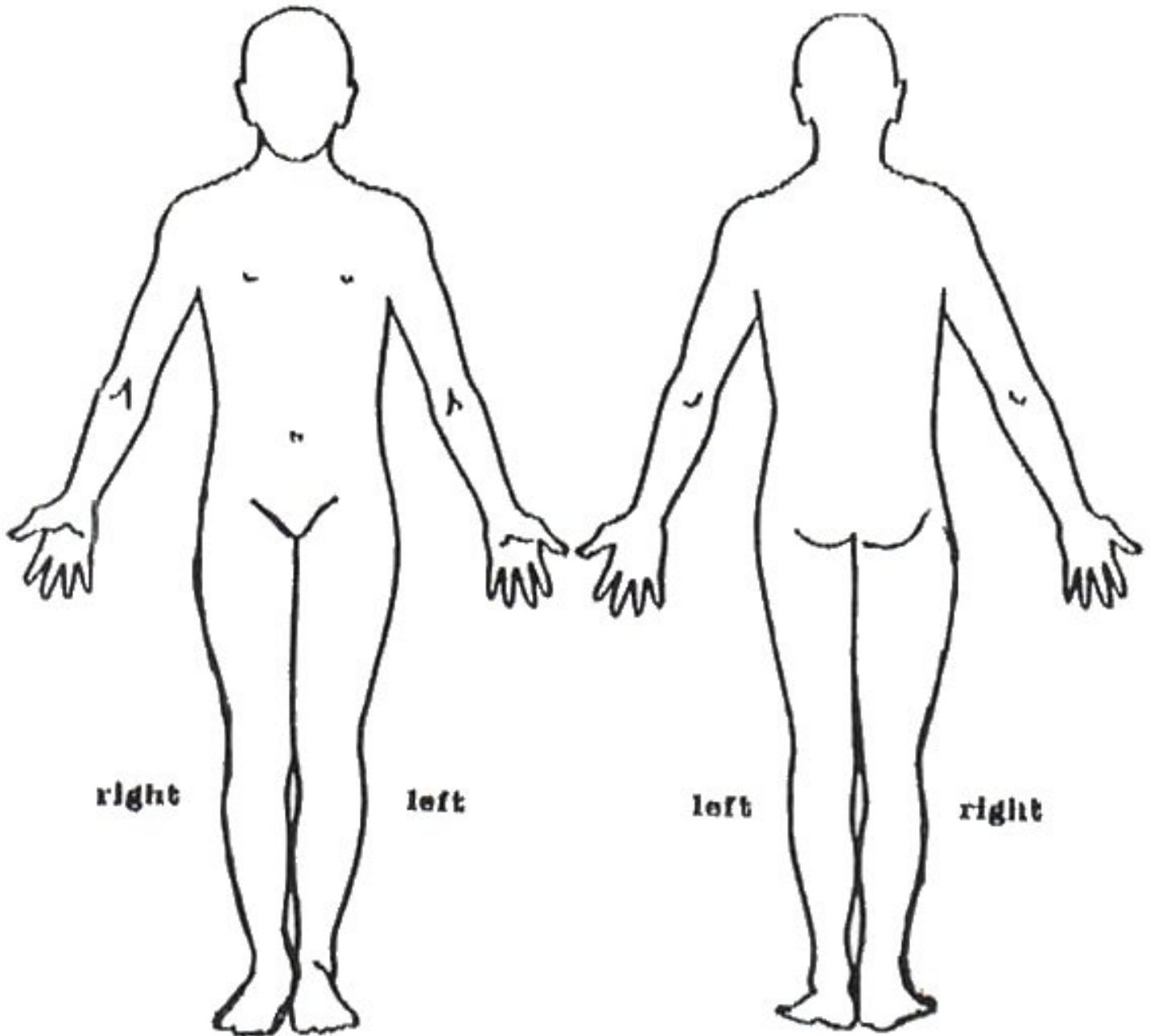
Aching

* * * * *
* * * * *
* * * * *

Stabbing

/ / / / /
/ / / / /
/ / / / /

PAIN CHART



YOUR SIGNATURE _____ DATE _____