

NAME _____ Date _____

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

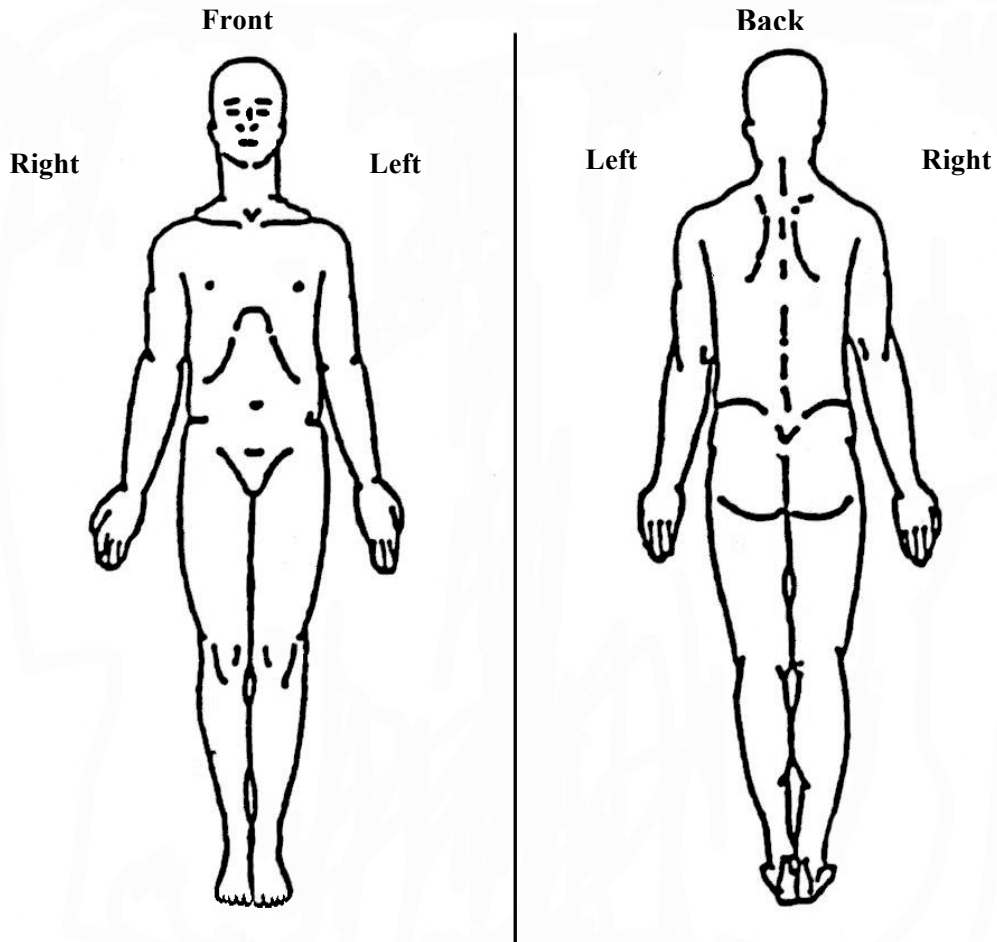
Use the appropriate symbols indicated below:

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