

Name _____ Date _____

Please mark the diagrams below to indicate where on your body you feel sensations using the following symbols:

Pain xxx

Burning = = =

Numbness ooo

Stabbing ////

Ache ^ ^ ^

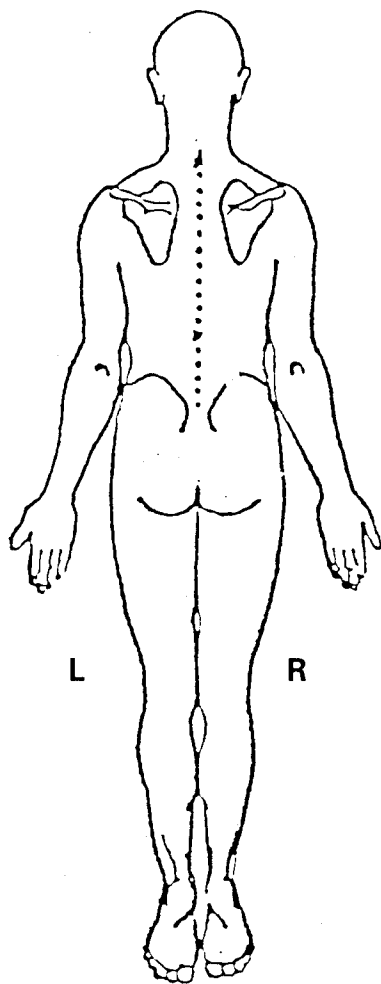
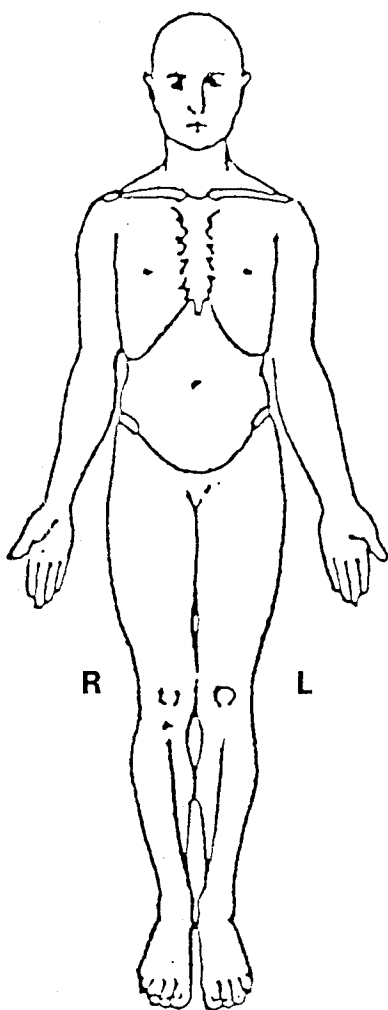
Numb-like feeling zzz

FRONT

BACK

Right Side

Left Side



Please rate your overall pain: least  worst