

**Patient Name:**

**Date:**

Using the diagram below, mark the areas of your body where you feel the sensations described below. Using the appropriate symbol, mark the areas of radiating pain, and include all affected areas. Please mark and "X" on the body diagrams for where the pain is worst now.

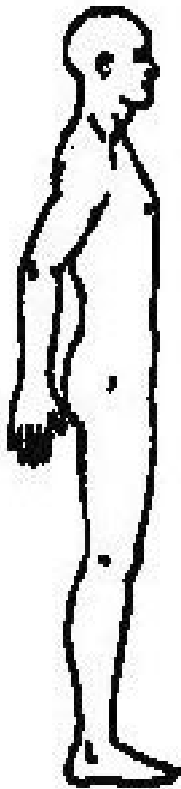
Aching  
▲▲▲

Numbness  
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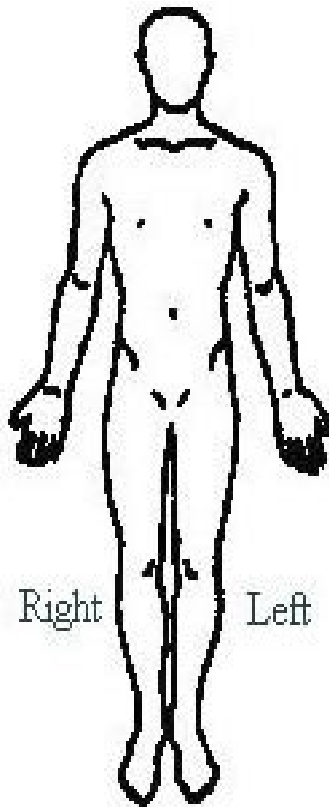
Pins and needles  
○○○

Burning  
√√√

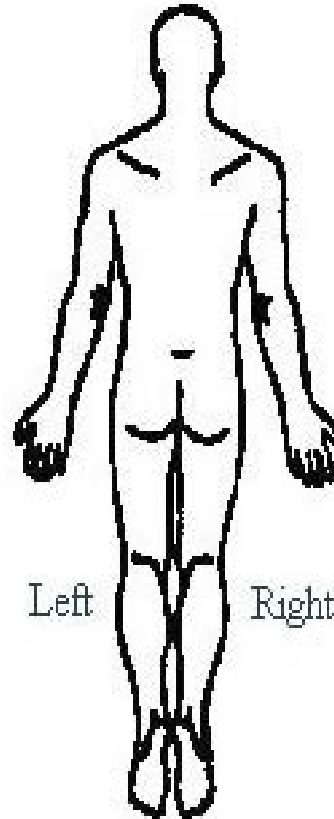
Stabbing  
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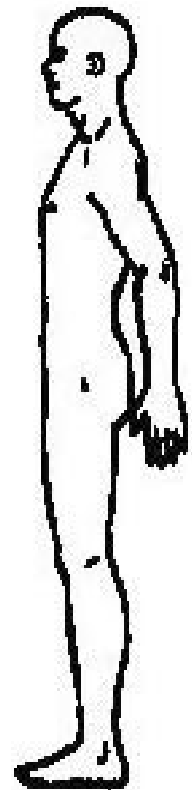
Right Side



Right Left



Left Right



Left Side