

Mark the areas on your body where you feel the sensations described below, using the appropriate symbols.

Mark the areas of radiation, including all affected areas. Please mark an X on the area where the pain is now worst.

Aching

Numbness

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Pins/needles

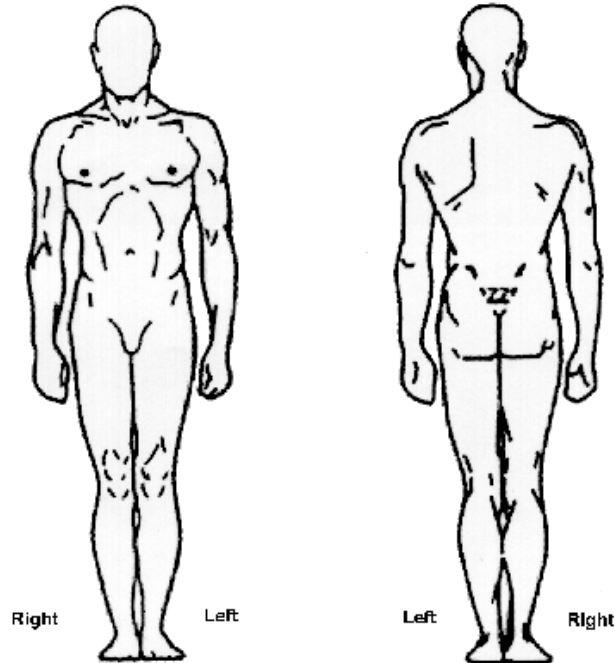
OOO

Burning

XXX

Stabbing

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Patient Signature

Date