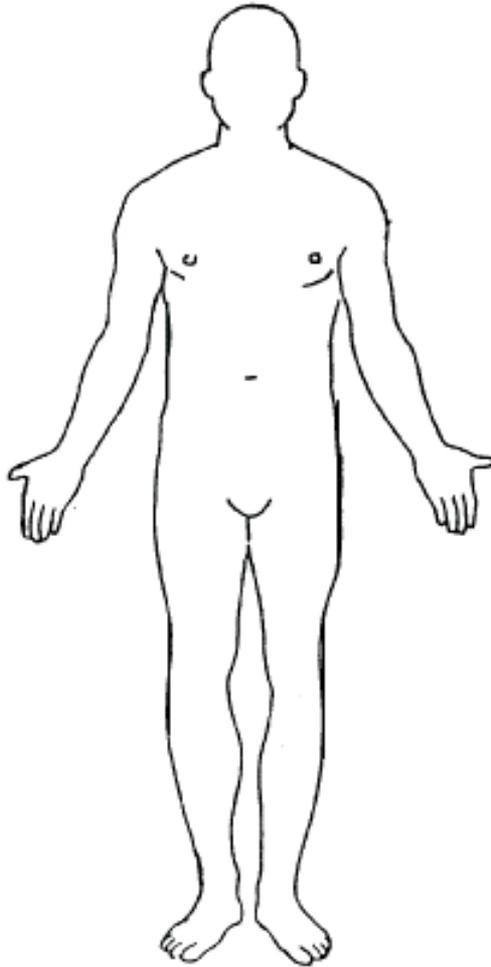


Name: _____

Date: _____

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas. Just to complete the picture, draw in your face.

Front



Numbness
|| || ||

Pins and Needles
0 0 0 0

Burning
x x x x x

Stabbing
/// ///

Ache
^ ^ ^ ^

Back

