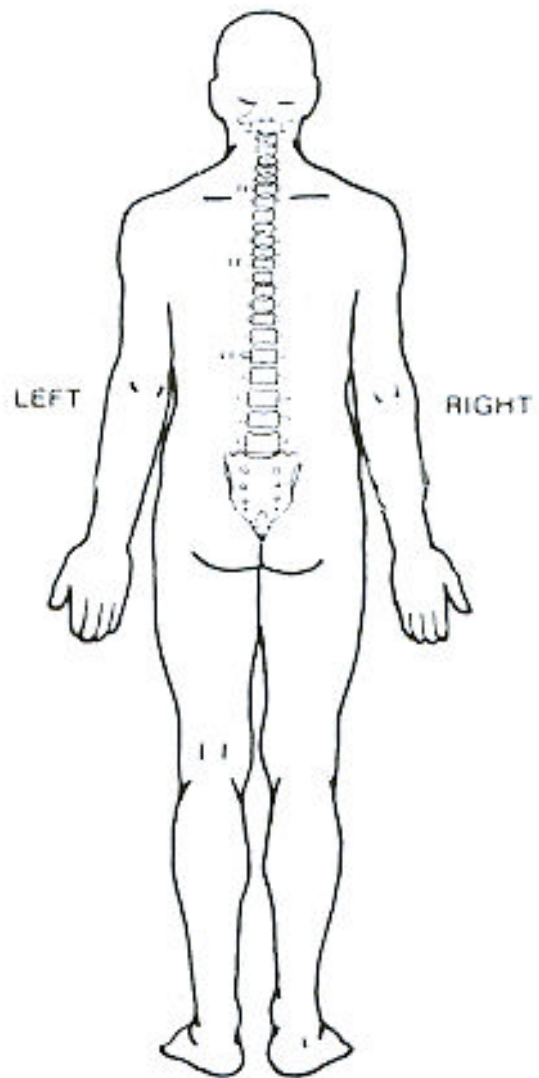
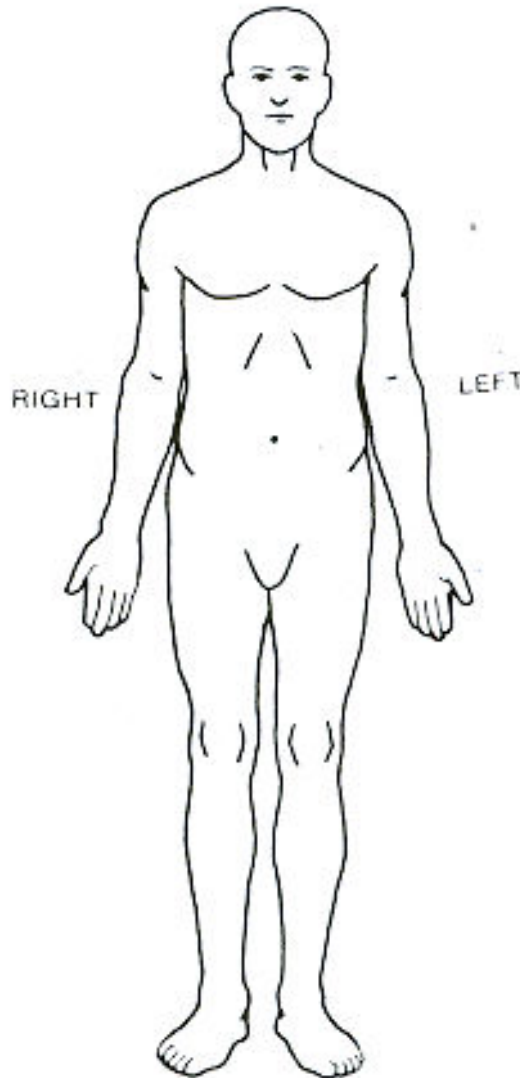


NAME _____

DATE ____/____/____

INSTRUCTIONS: Please fill in drawing with the appropriate symbols

DULL PAIN OOOOOOOOO
SHARP PAIN XXXXXXXXX
NUMBNESS //////////////
TINGLING +++++++++



PLEASE RATE THE LEVEL OF PAIN

