

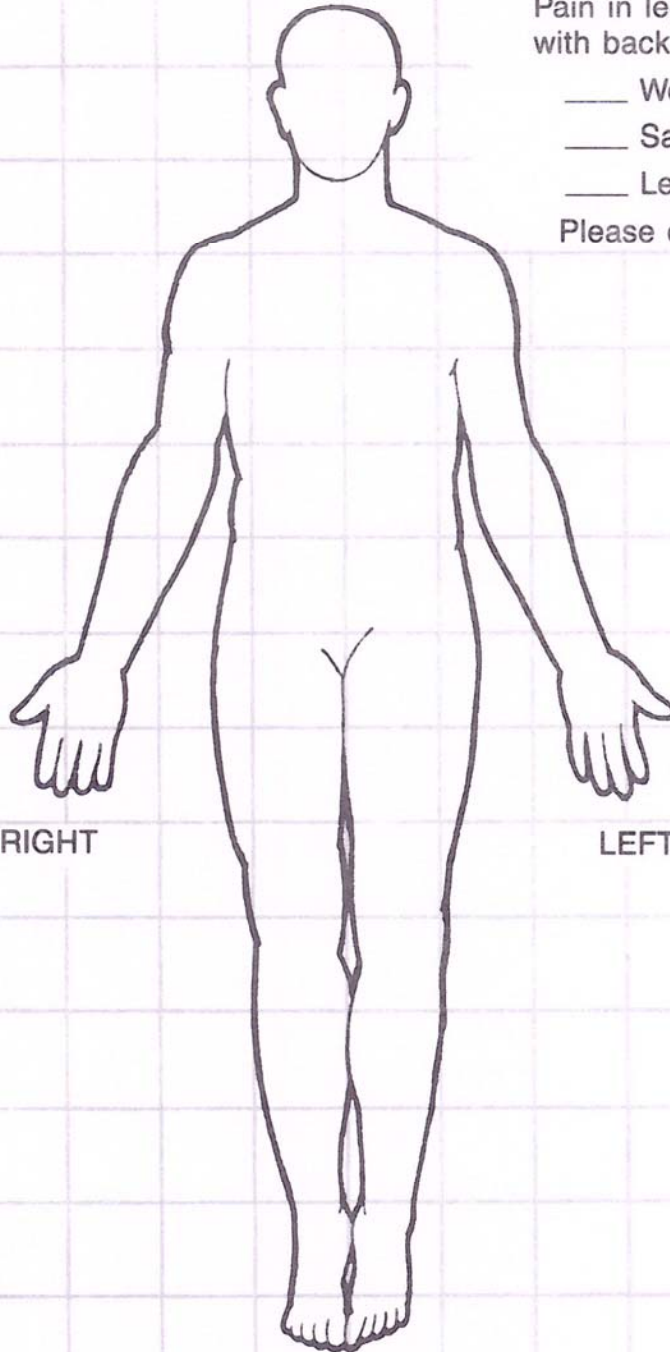
DATE: _____ NAME: _____

USING THE SYMBOLS BELOW TO DESCRIBE YOUR SYMPTOMS, DRAW THEM ON THE BODY WHERE YOU'VE EXPERIENCED THAT TYPE OF SYMPTOM.

<u>ACHE</u>	<u>BURNING</u>	<u>NUMBNESS</u>	<u>PINS & NEEDLES</u>	<u>STABBING</u>	<u>OTHER</u>
A A A A	=====	OOOO	/////	X X X X
A A	=====	OO	/////	X X X

FRONT

BACK

	<p>Pain in leg(s) compared with back:</p> <p>___ Worse Than</p> <p>___ Same As</p> <p>___ Less Than</p> <p>Please check only one</p>	