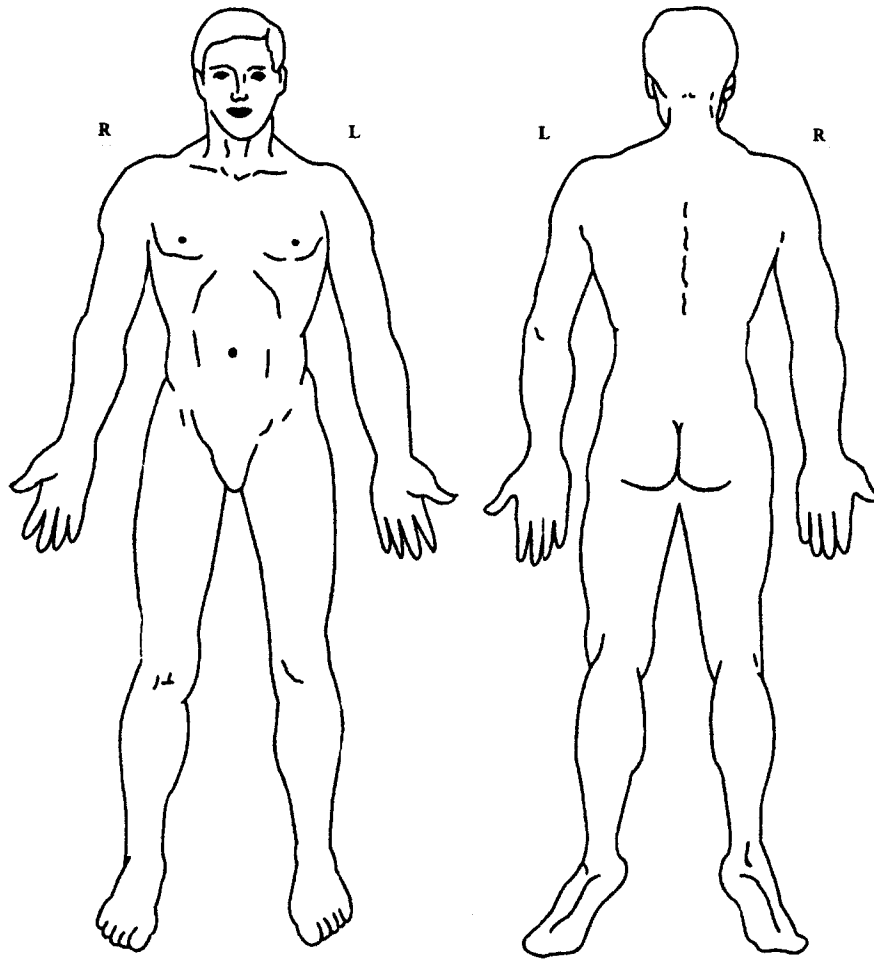


Mark the areas on your body where you feel the described sensations using the appropriate symbol from the list below. Please include all affected areas.

- numbness = = =
- pins & needles o o o
- burning/aching x x x
- stabbing / / /



PATIENT INITIALS DATE 2