

Name: _____

Date: _____

Draw in your face

Show area(s) of pain or unusual feeling

Mark the areas on this body where you feel described sensations. Use the appropriate symbols. Mark areas radiation. Include all affected areas.

Numbness

● ● ● ● ● ●
● ● ● ● ● ●
● ● ● ● ● ●

Pins & Needles

0 0 0 0 0 0
0 0 0 0 0 0
0 0 0 0 0 0

Burning

X X X X X X
X X X X X X
X X X X X X

Aching

* * * * * *
* * * * * *
* * * * * *

Stabbing

/ / / / / /
/ / / / / /
/ / / / / /

