

NAME (Please Print): _____

DATE: _____

**USE THE LETTERS BELOW TO INDICATE THE TYPE
AND LOCATION OF YOUR SENSATIONS RIGHT NOW**

KEY:

S=STIFFNESS

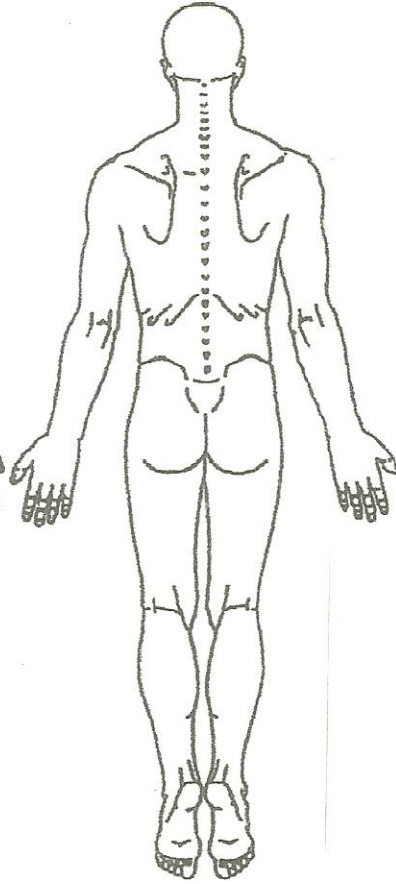
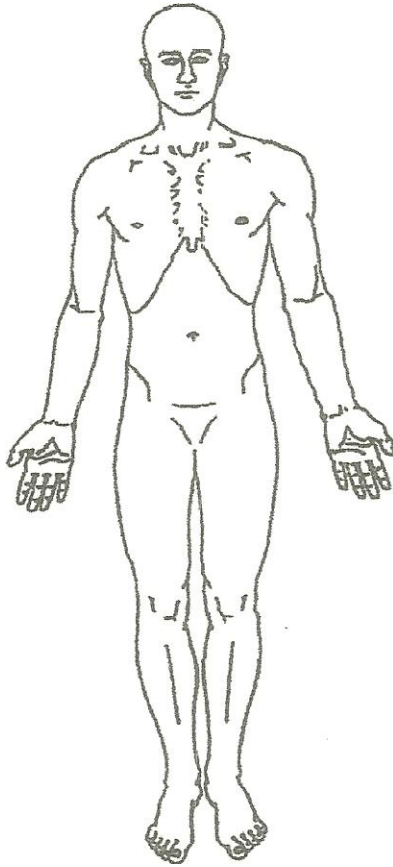
P=SHARP PAIN

B=BURNING

T=TINGLING

N=NUMBNESS

D=DULL PAIN



RIGHT



LEFT