

NAME: _____

DATE: _____

MARK THE AREAS ON YOUR BODY WHERE YOU FEEL THE DESCRIBED SENSATIONS.
 USE THE APPROPRIATE SYMBOLS. INCLUDE ALL INFECTED AREAS.

NUMBNESS ====

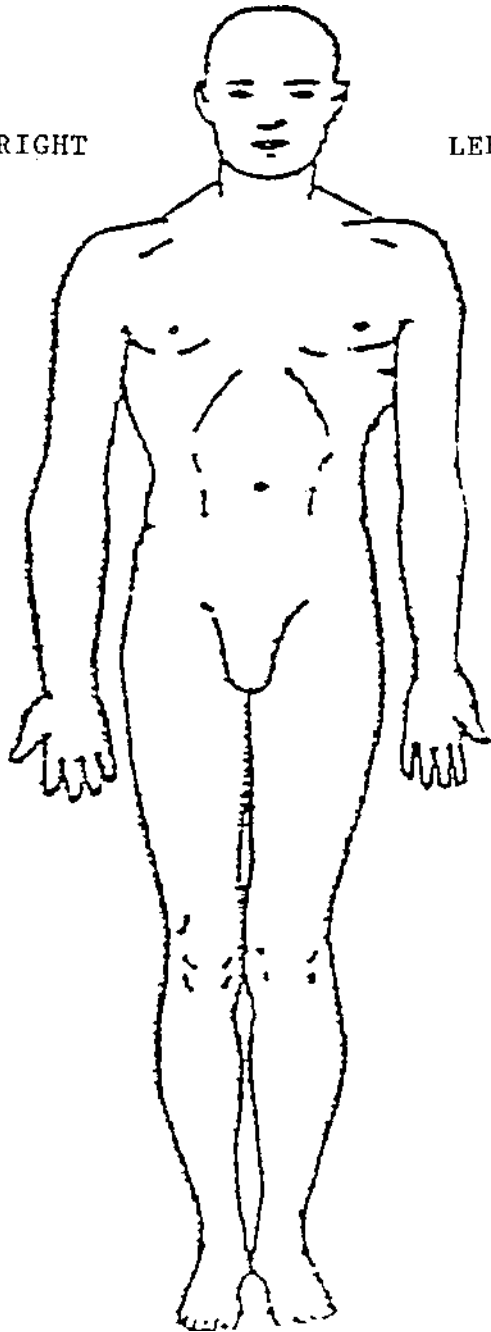
PINS & NEEDLES 0000
 0000

BURNING XXXX
 XXXX

STABBING ////
 ////

RIGHT

LEFT



LEFT

RIGHT

