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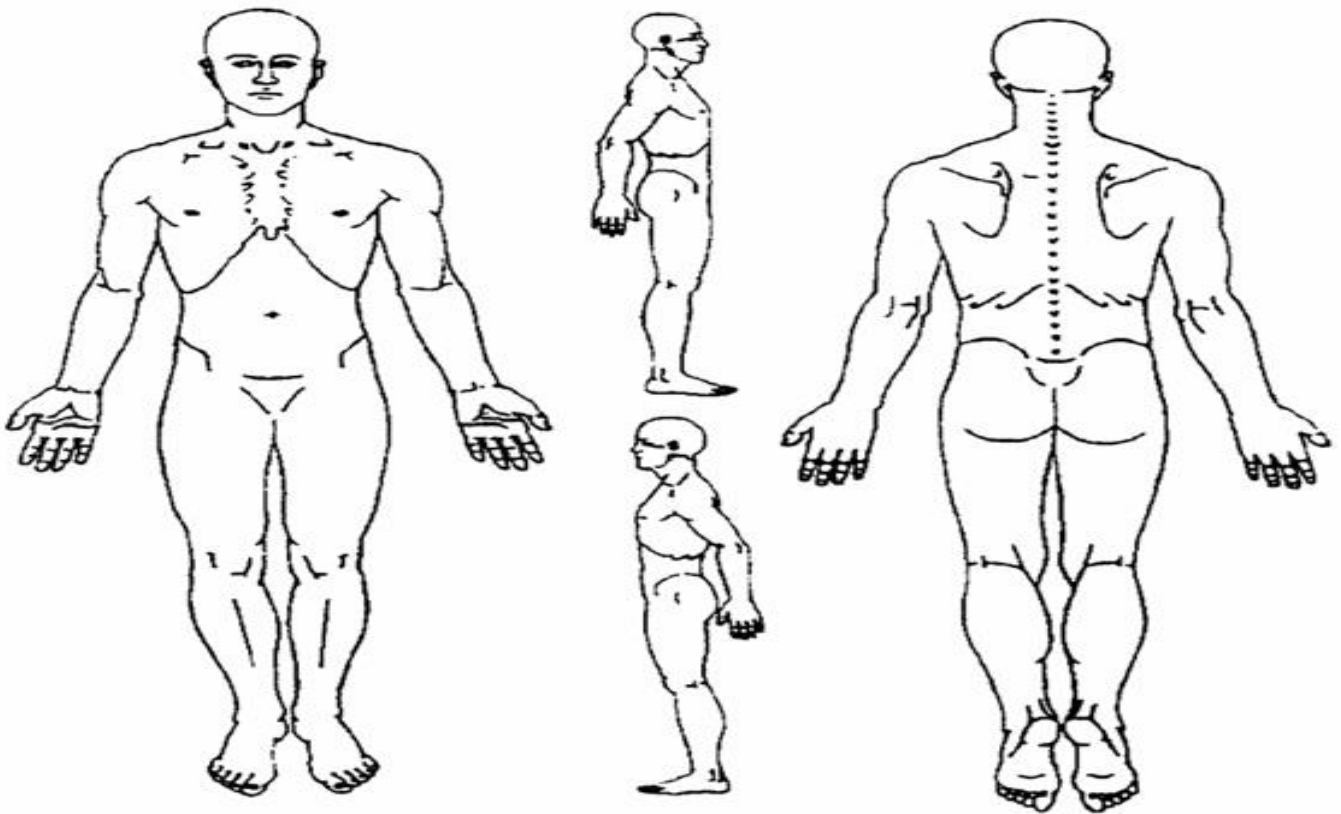
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SYMPTOM DIAGRAM

Patient's Name _____

On the diagram below, please indicate where you are experiencing your symptoms. Use the following to describe your symptoms:

A= Ache B=Burning N= Numbness P=Pins and Needles S=Sharp O=Other



Please rate your current level on the following scale (**circle one**):

(No symptoms) 0 1 2 3 4 5 6 7 8 9 10 (worst/imaginable)

Patient's signature: _____ Date _____