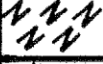

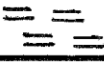


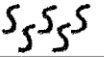
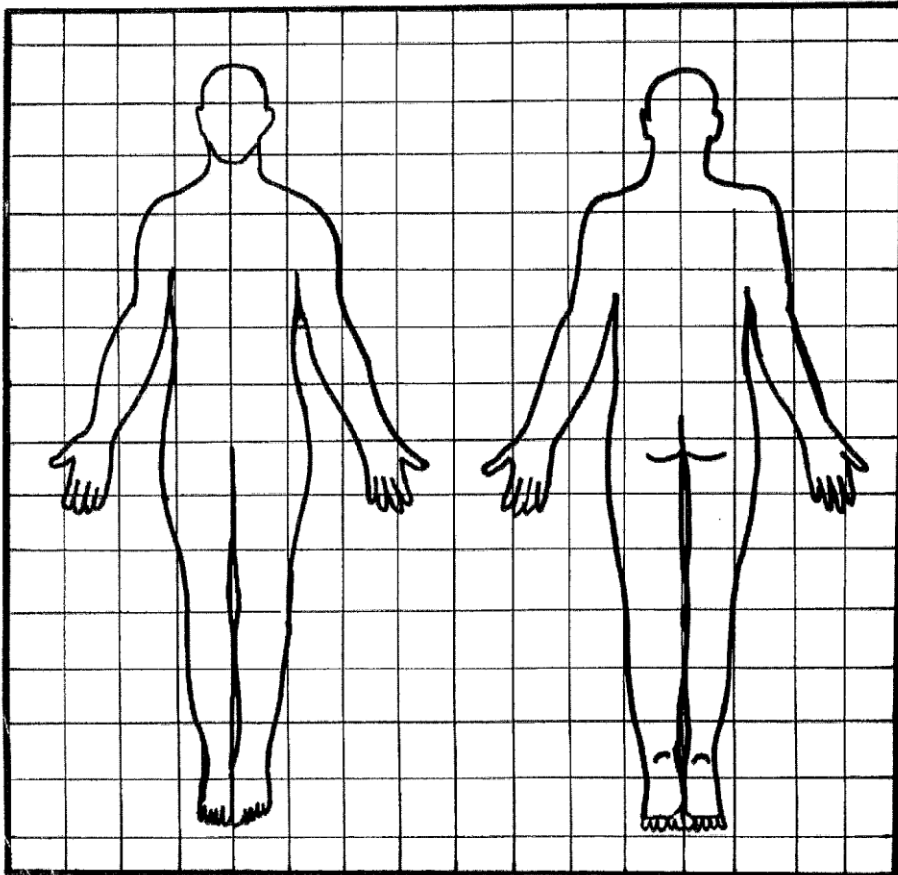


Name: _____

Date: _____

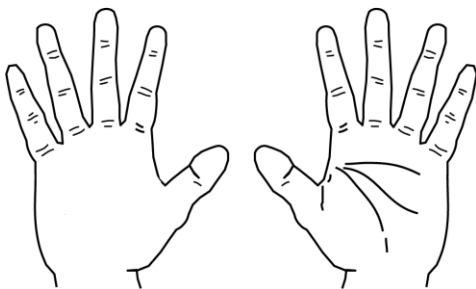
Please mark on the appropriate figures, using the key below, where you are experiencing discomfort.

	Dull, aching		Burning		Numbness
	Stabbing		Pins and needles		Muscular cramp



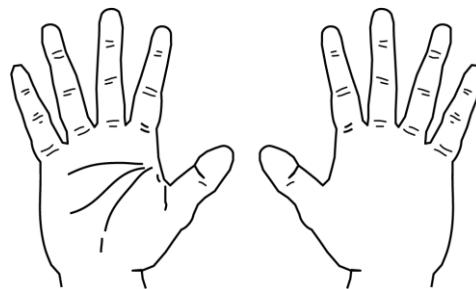
LEFT

RIGHT



Back

Palm



Palm

Back