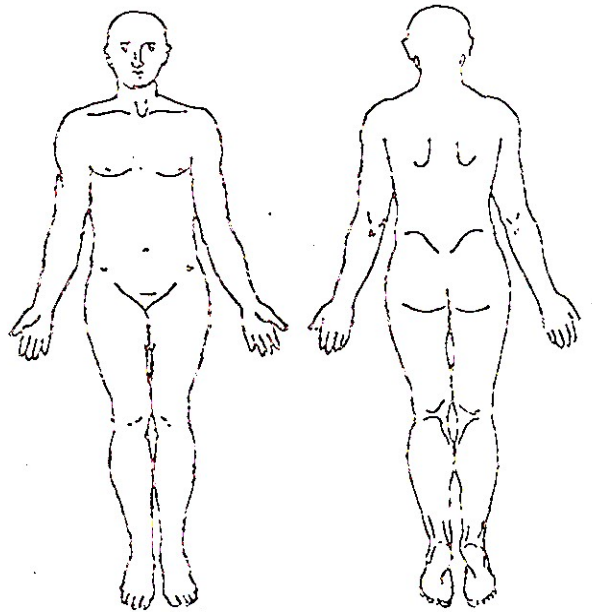


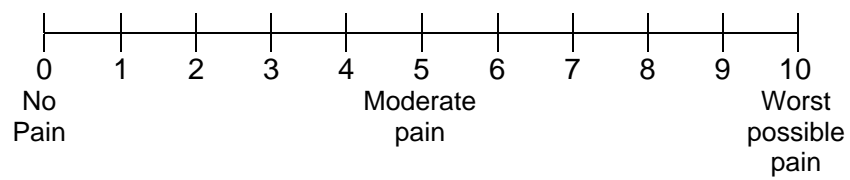
Name \_\_\_\_\_ Date \_\_\_\_\_

On the drawings below, mark the areas where you feel pain.

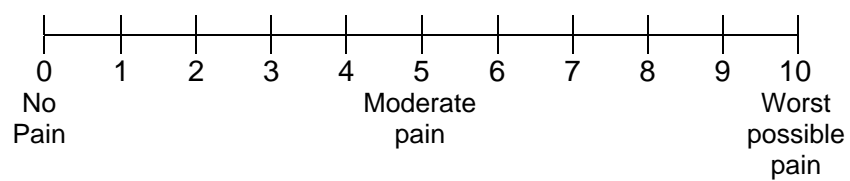


Rate the pain that you are experiencing on the scales below. Circle the appropriate number to indicate the pain level on each of the lines.

Now



Best (last 24 hours)



Worst (last 24 hours)

