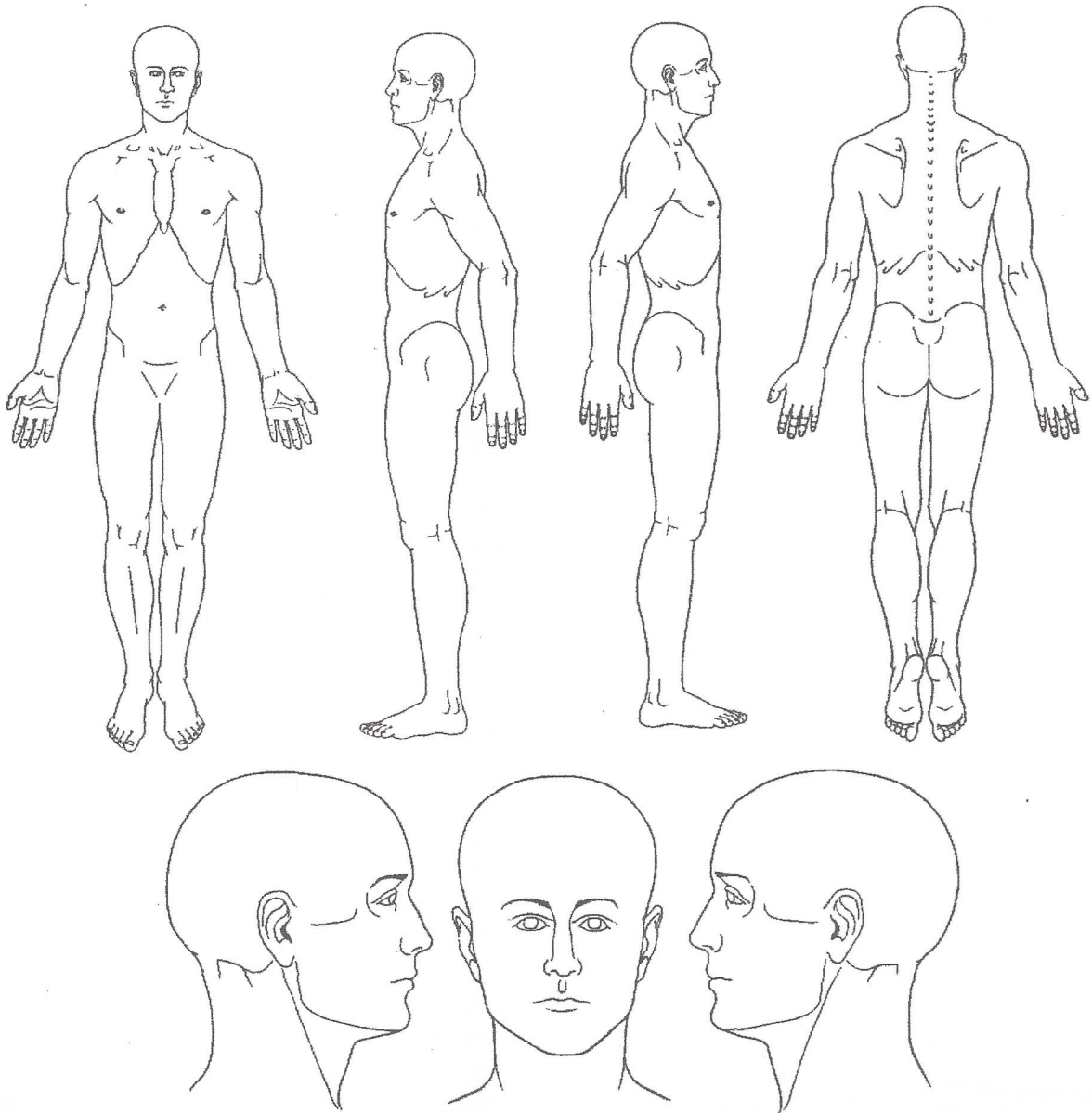


Pain Assessment Form

Pain Diagram

At this time, where is your pain?

Please mark on the drawings the area where you feel pain (circle or mark with crosses)



PAIN RATING (On scale of 0 to 10, with 10 the worst)

Current:

Best:

Worst: