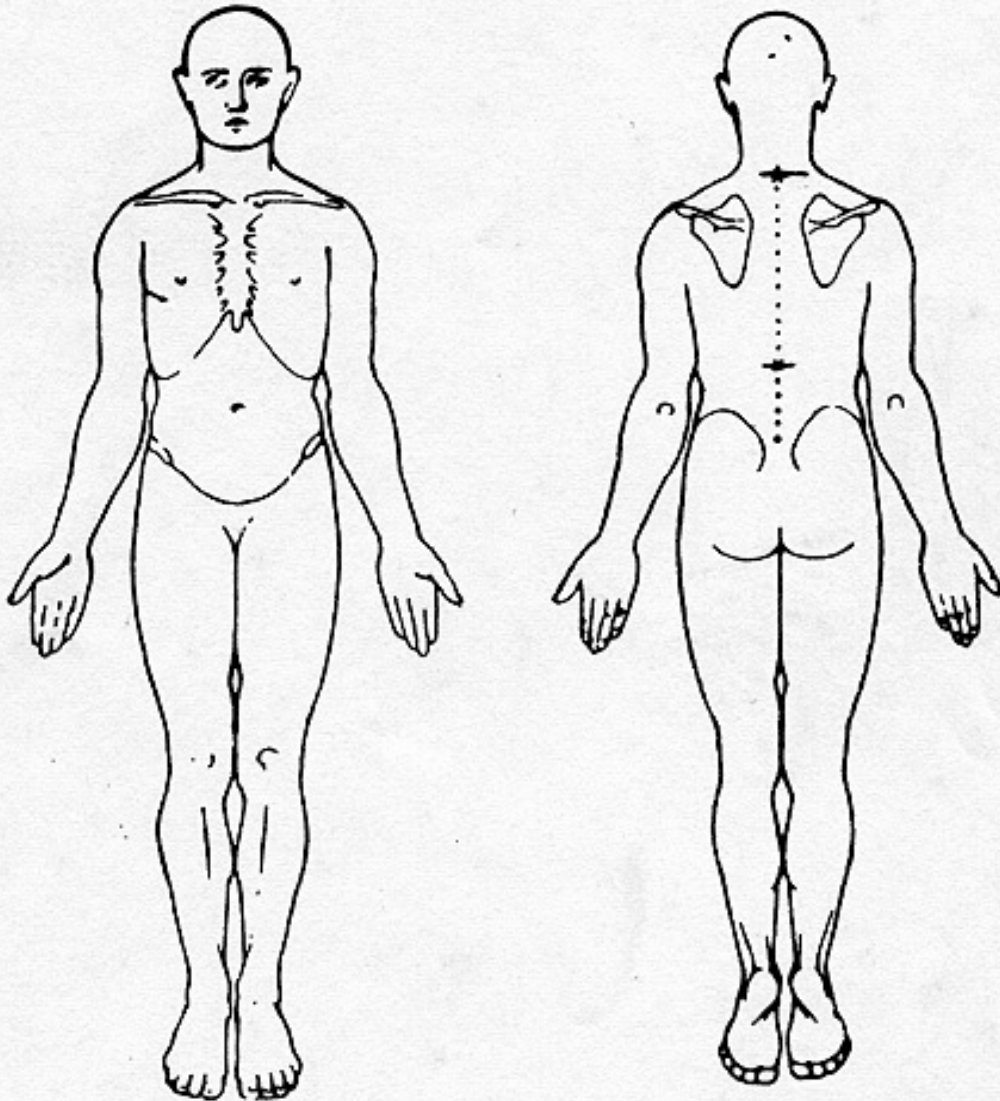


Where is your pain?

Please mark on the drawings below the areas where you feel your pain.



Please Indicate Your Pain Level

0—1—2—3—4—5—6—7—8—9—10

Also, please indicate any abnormal sensations, the location, and intensity as well.