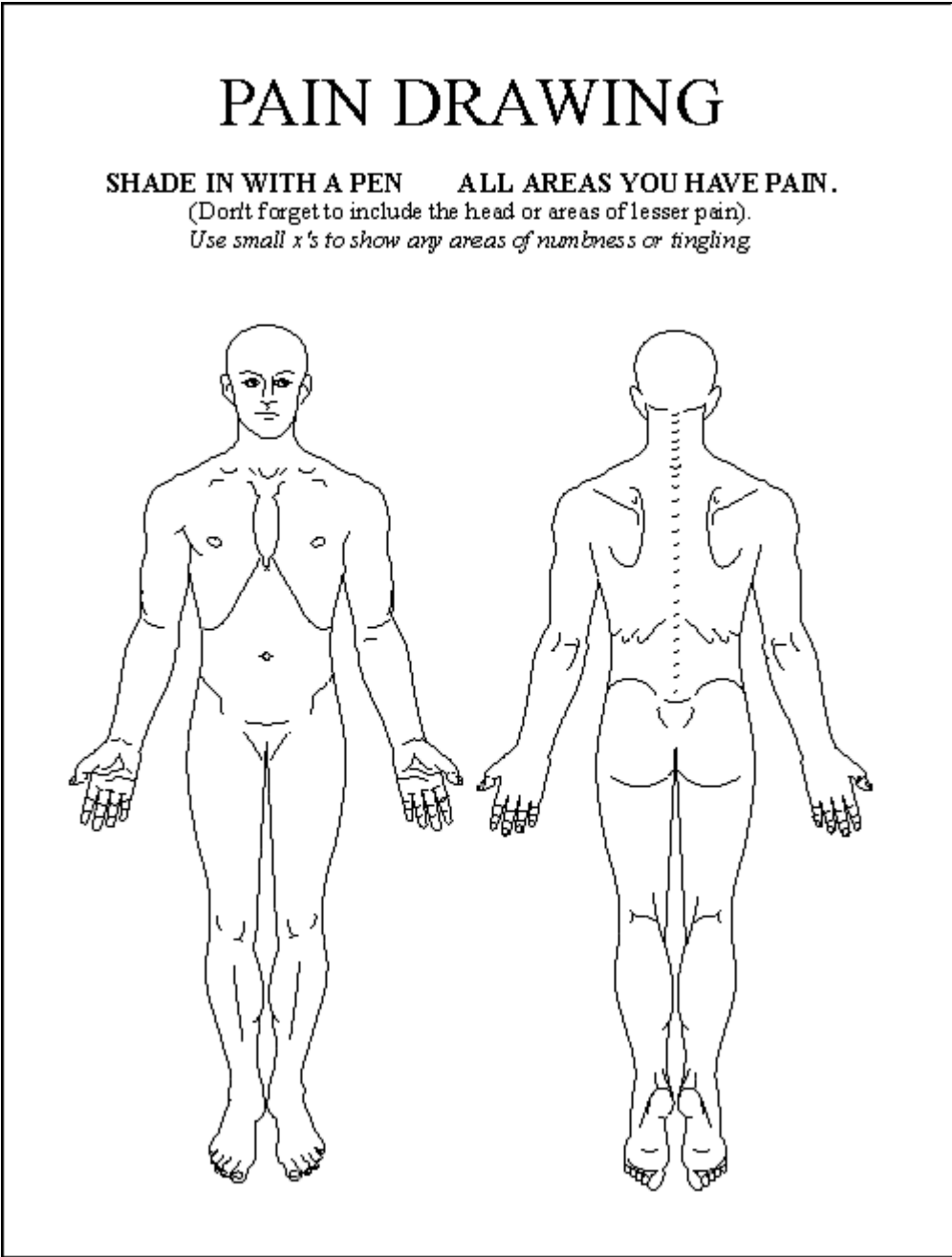


NAME: _____ Date: _____



Please mark on the line, the pain level that most accurately represents your pain for each body area:

	0	1	2	3	4	5	6	7	8	9	10	
Right now:	No pain											Unbearable
Average pain:	No pain											Unbearable
At best & worst:	No pain											Unbearable