



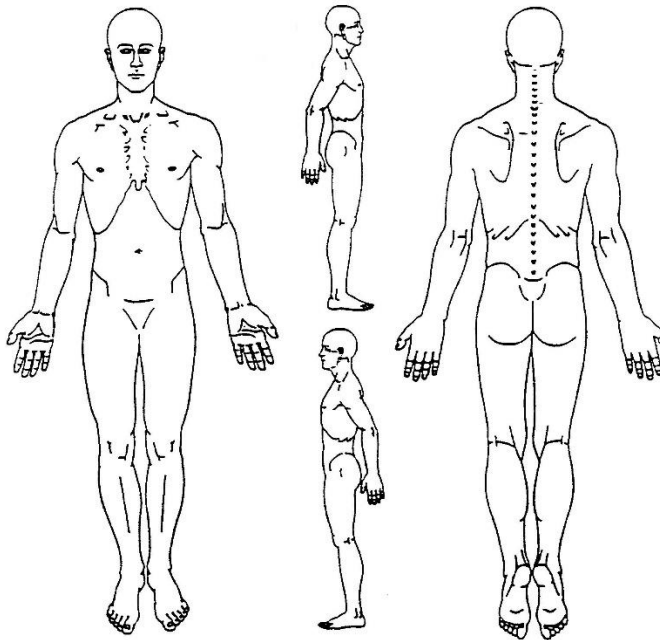
PAIN SCALE

1. If you have pain, please mark an "X" on the scale below to indicate your level of pain at rest, then use an "O" to indicate your worst pain level.

No pain

Worst Pain Ever

2. Please use another "X" to identify the location of your pain.



3. Please circle all words that you feel appropriately describe your pain:

Sharp	Shooting	Burning	Dull	Throbbing	Aching
Pulling	Tingling	Numb	Heavy	Tight	Stabbing
Constant	Intermittent	Occasional	Infrequent	Variable	