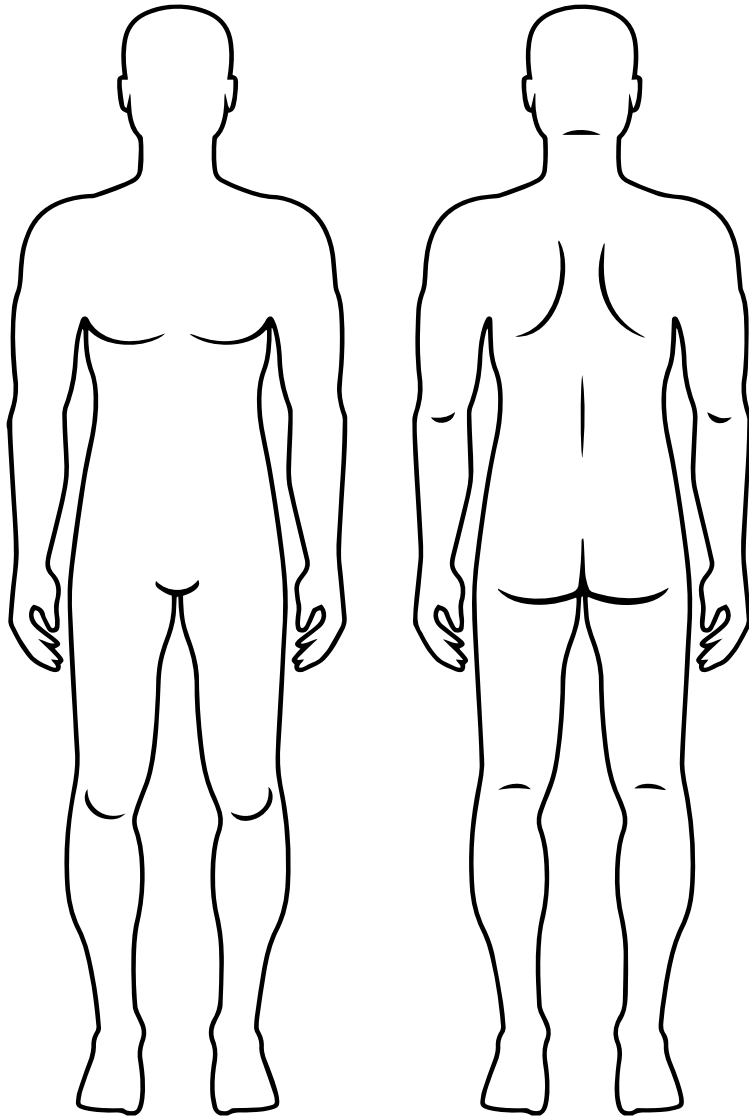


# PINPOINT YOUR PAIN

POINT TO WHERE IT HURTS?



RATE YOUR PAIN ON A SCALE OF 0 TO 10

0 (NONE) to 10 (WORST PAIN POSSIBLE)

**0 1 2 3 4 5 6 8 9 10**

DESCRIBE YOUR PAIN

- No Pain
- Mild
- Moderate
- Severe
- Very Severe, Horrible, Worst Pain Possible

HOW FREQUENT ARE YOU IN PAIN?

- Never
- Rarely
- Occasionally
- Frequently
- Almost Constantly
- Always