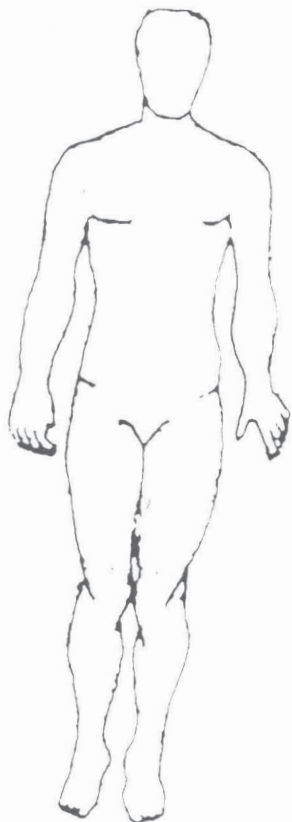


### PAIN DIAGRAM

Please place X's on the diagram below where you are experiencing pain or numbness.

FRONT



BACK



RIGHT

LEFT

LEFT

RIGHT

My primary pain is in my: *(Check only one)*

- Neck       Arm       Forearm / Wrist       Knee       Foot / Ankle  
 Upper Back       Lower Back       Buttock / Leg

On a scale of 0 to 10, with zero being no pain and 10 being excruciating pain,

I would rate my pain today as: 0 1 2 3 4 5 6 7 8 9 10

NAME: \_\_\_\_\_