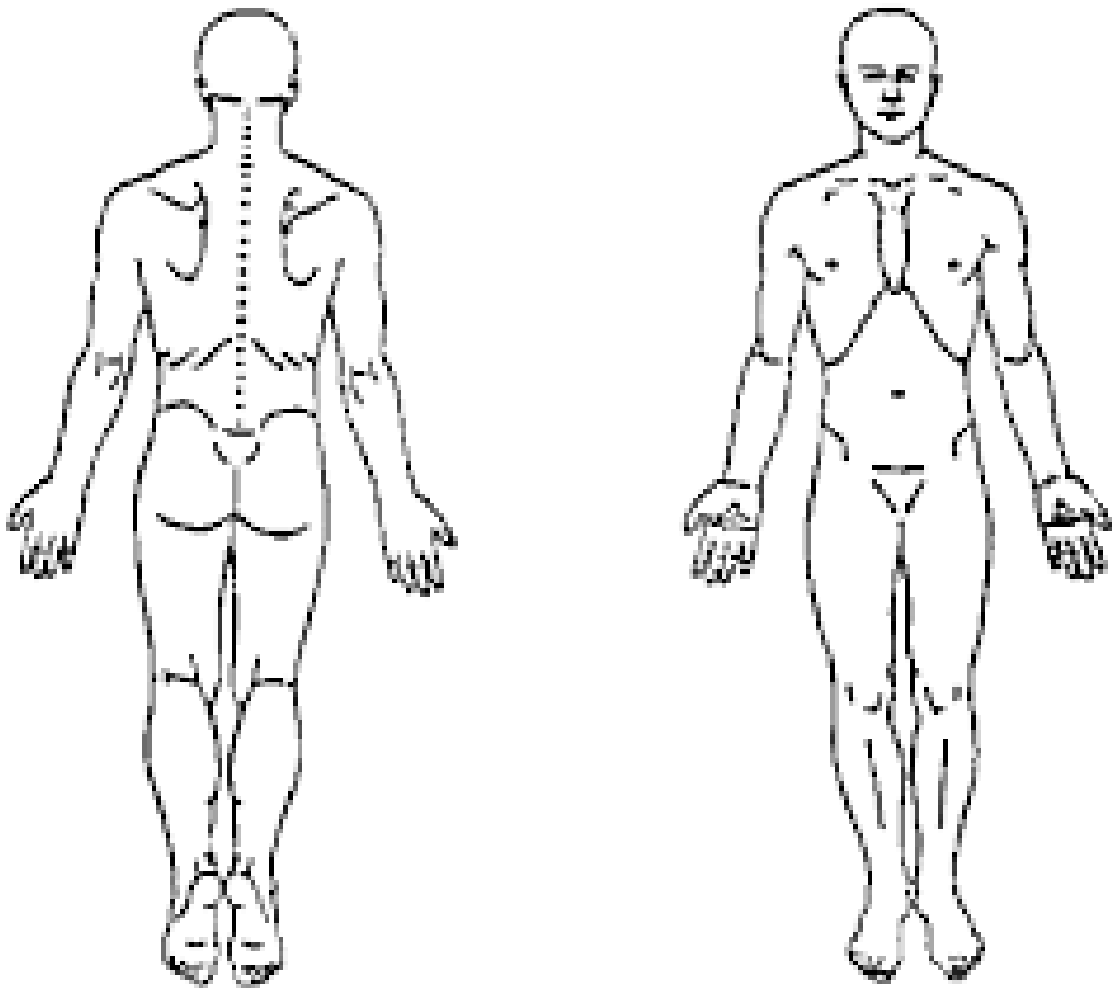


Please indicate the location of pain/symptoms with an X on the diagram below:



Rate your pain on a scale of 0 to 10, 0 is no pain, 10 is severe enough to go to the emergency room:

At best: _____

At worst: _____

Patient signature and date