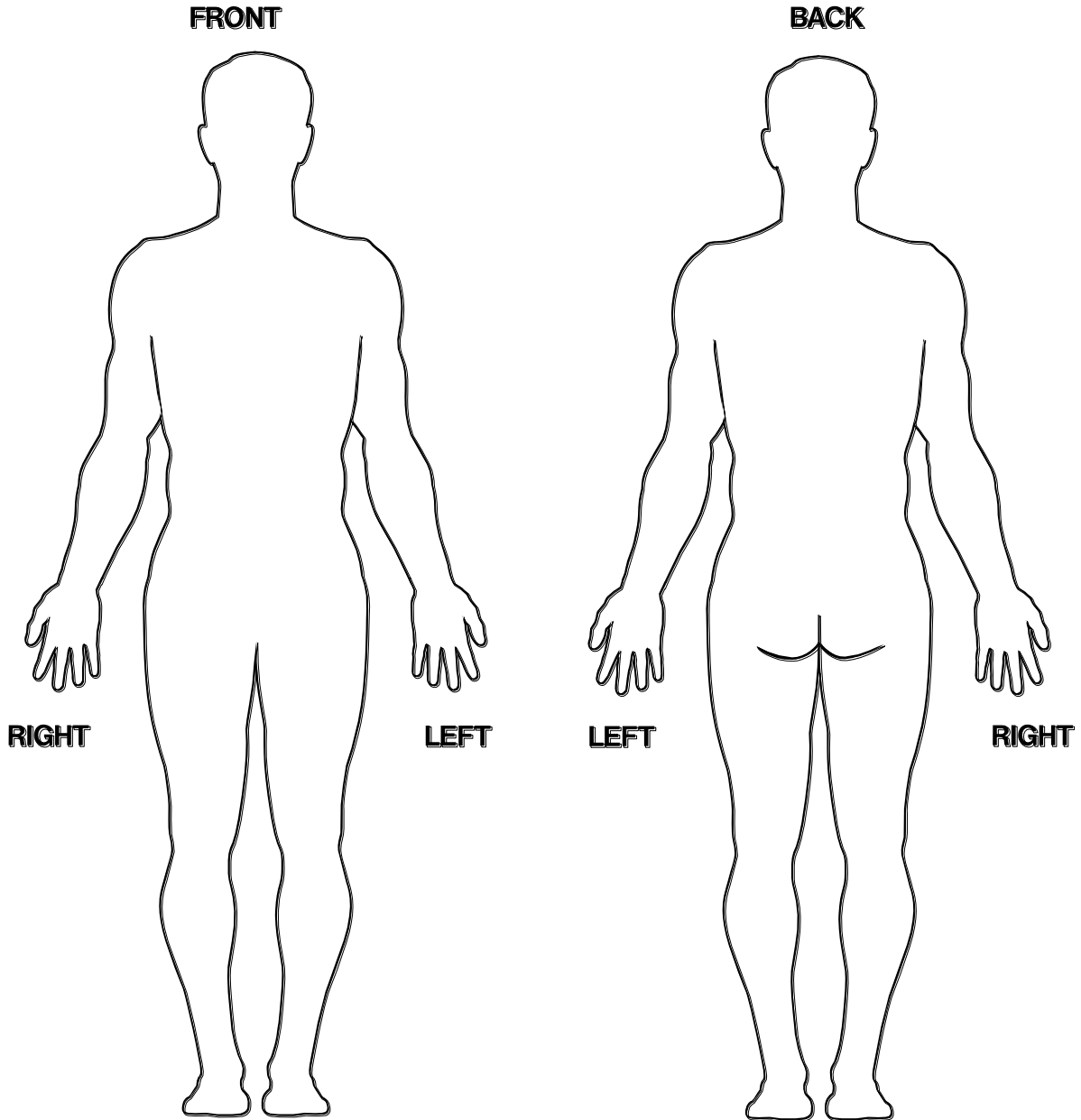


DATE _____ NAME _____

Draw the location of your pain on the body outlines and mark how bad it is on the pain line at the bottom of the page.

Percentage of pain in back _____ Percentage of pain in legs _____



NO PAIN INTOLERABLE PAIN

MARK YOUR PAIN ESTIMATE