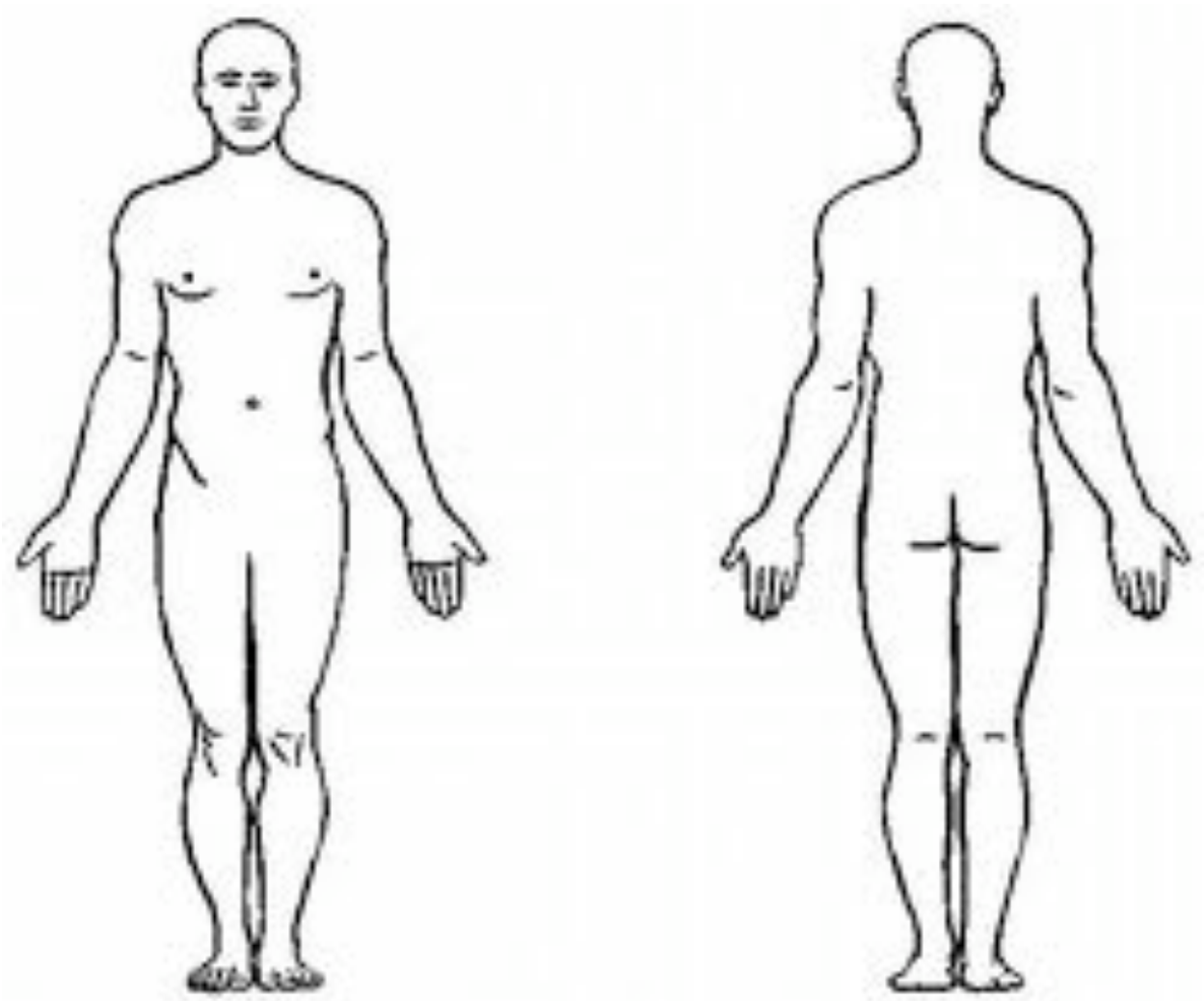
Where is your Pain?
How bad is it?

Please circle where you feel pain, and then **write the number** that goes with it using the following scale:

(No Complaint/Pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst Possible Complaint/Pain)



If the pain travels, for example down your leg, **please draw a line.**