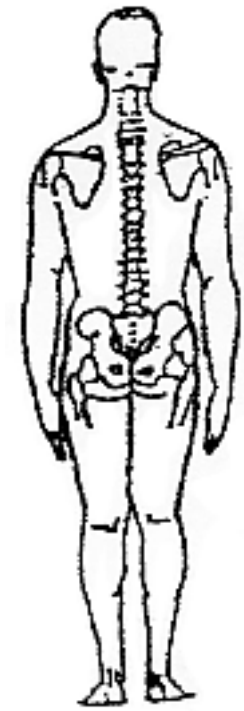
PAIN CHECKLIST

PLEASE CIRCLE YOUR AREAS OF PAIN ON THE FIGURES BELOW:

FRONT **BACK**

RIGHT LEFT

LEFT  RIGHT

PLEASE INDICATE HOW STRONG YOUR PAIN IS BY CIRCLING ONE OF THE NUMBERS ON THE SCALE BELOW:

WEAK				MODERATE					STRONG
1	2	3	4	5	6	7	8	9	10

PLEASE DESCRIBE YOUR PAIN BY CHECKING ONE OF THE DESCRIPTIONS BELOW:

____ SHARP

____ BURNING

____ CONSTANT

____ DULL

____ STABBING

____ OFF AND ON

_____ PATIENT SIGNATURE

_____ DATE