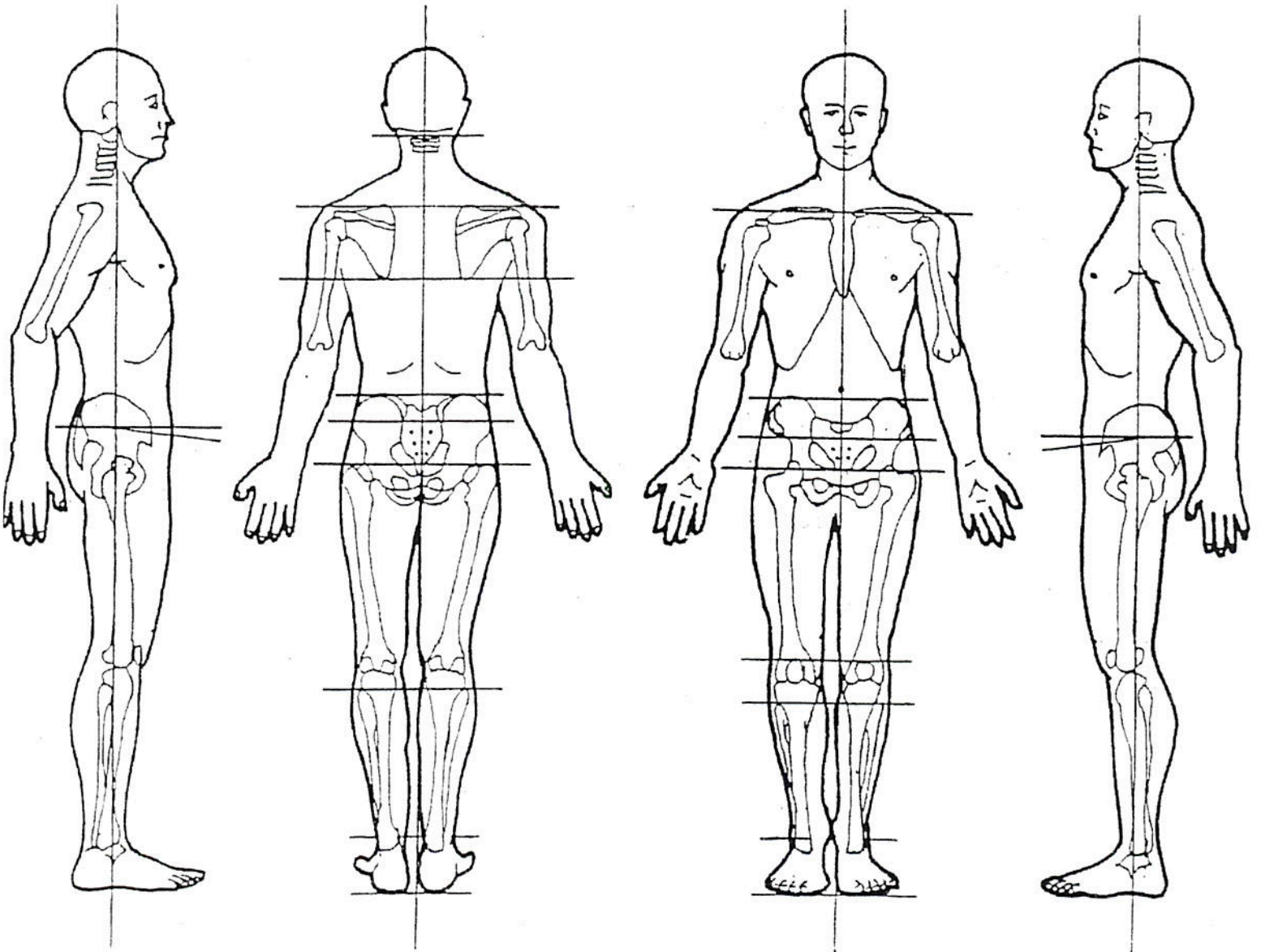
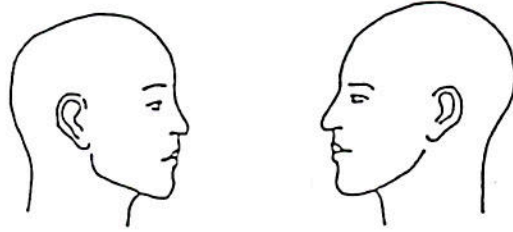


Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

Using the figure(s) below, please shade in the areas in which your pain is located.

Please write an "X" on the figure(s) below to indicate the area of worst pain and **draw arrows** to show where it spreads.



Updated: \_\_\_\_\_