

1. Indicate area of pain _____

NO
PAIN
(0)

EXTREME
PAIN
(10)

(5)

Please place an "X" on the line above to indicate your level of problem.

2. Indicate area of pain _____

NO
PAIN
(0)

EXTREME
PAIN
(10)

(5)

Please place an "X" on the line above to indicate your level of problem.

3. Indicate area of pain _____

NO
PAIN
(0)

EXTREME
PAIN
(10)

(5)

Please place an "X" on the line above to indicate your level of problem.

4. Indicate area of pain _____

NO
PAIN
(0)

EXTREME
PAIN
(10)

(5)

Please place an "X" on the line above to indicate your level of problem.

5. Indicate area of pain _____

NO
PAIN
(0)

EXTREME
PAIN
(10)

(5)

Please place an "X" on the line above to indicate your level of problem.