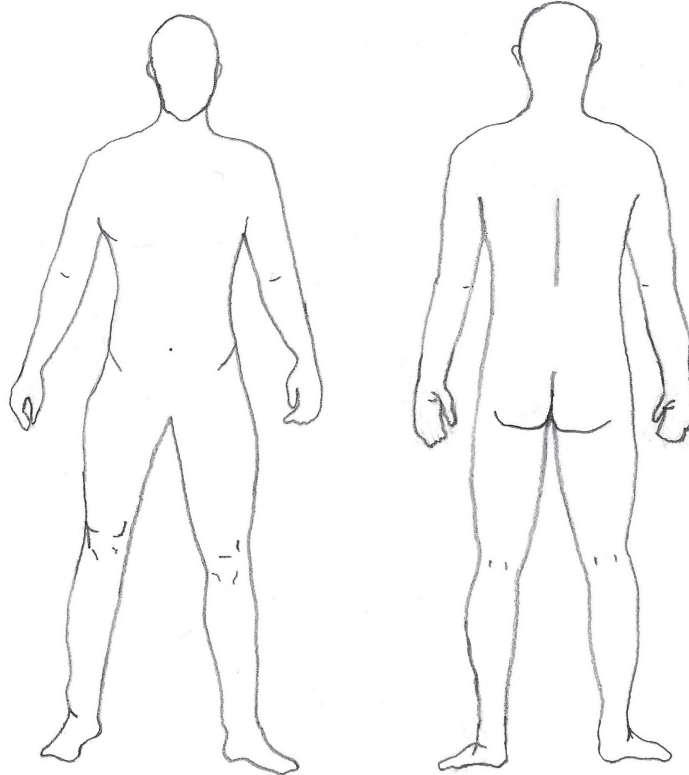


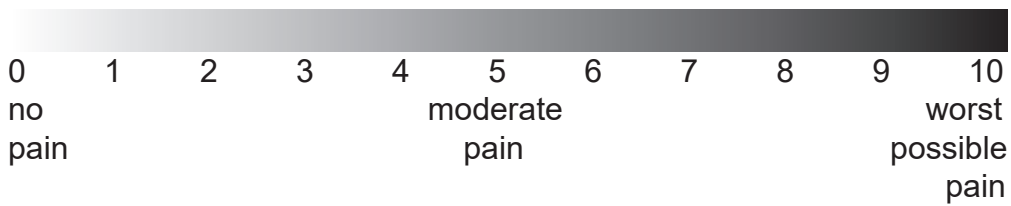
Body Chart

mark on the diagram where you experience pain



Numeric Pain Rating Scale

PAIN SCORE 1-10



Date _____

pain score (between 0 and 10)

worst today _____

best today _____

activity today / notes
