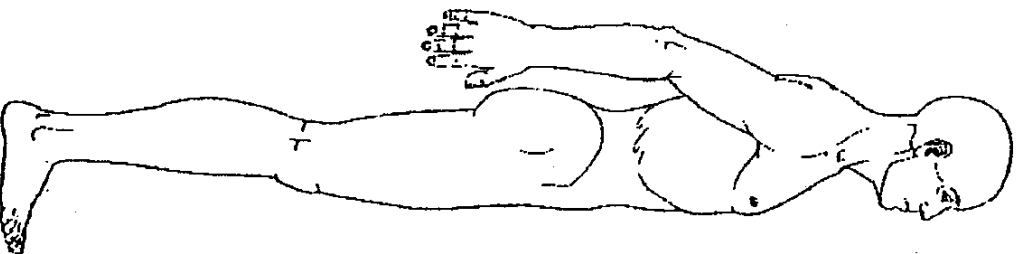
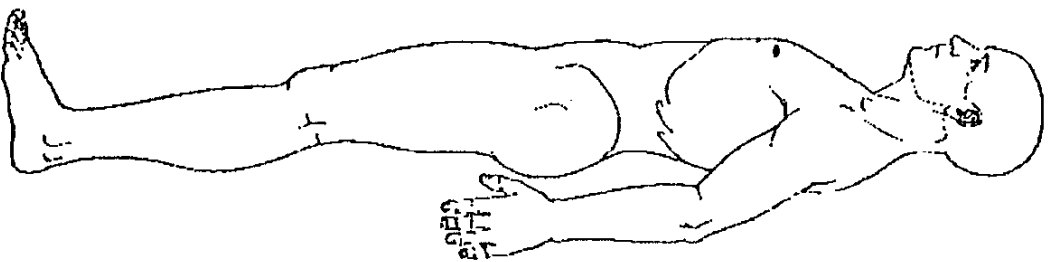
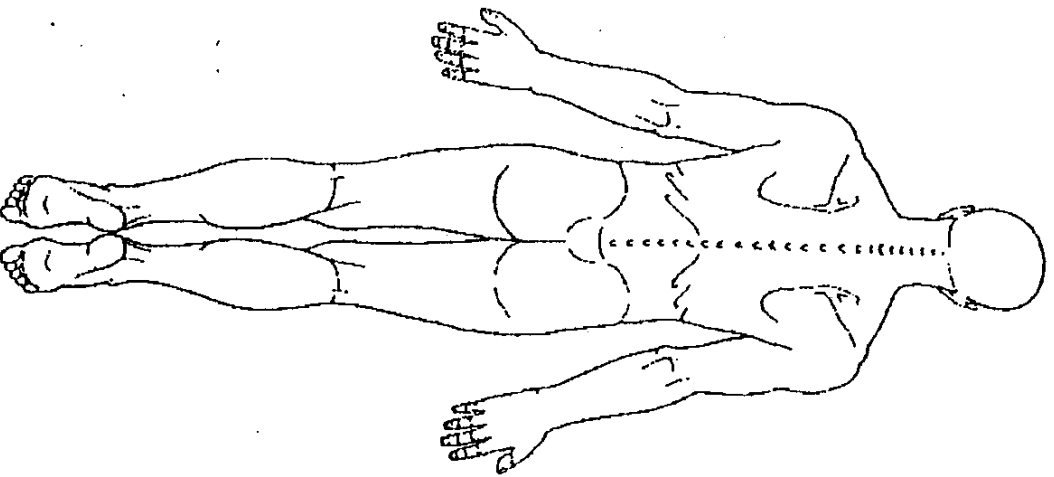
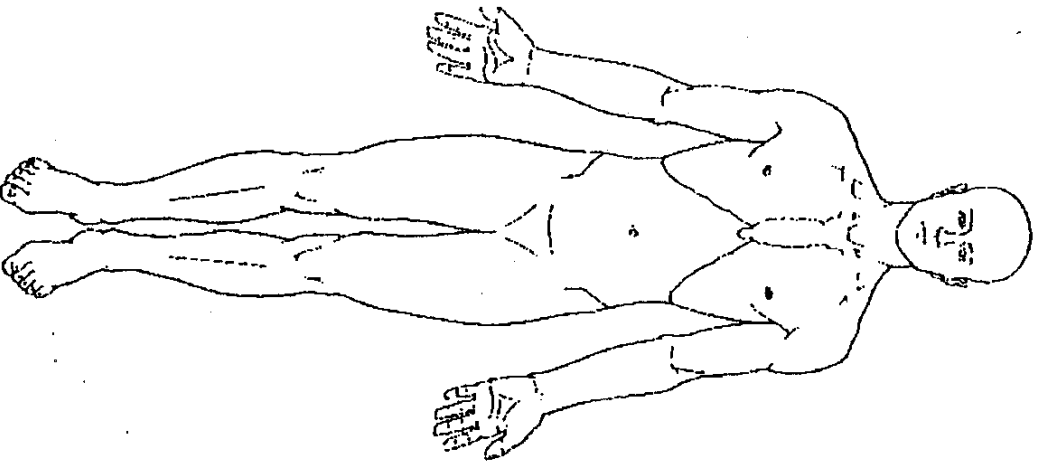


Pain Diagram

Name: _____

Date: _____



PLEASE CIRCLE WHERE YOU ARE HAVING PAIN.