

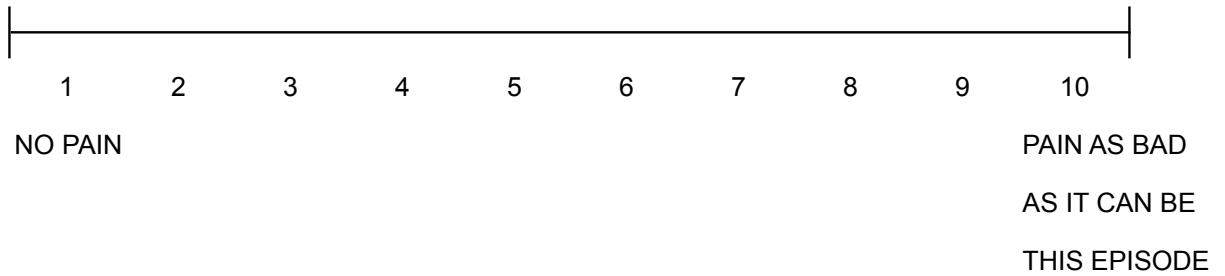
PAIN SCALE

Client's Name: _____

Date: _____

LOCATION OF PAIN: _____

Indicate your level of pain by placing an X on the line below.



LOCATION OF PAIN: _____

Indicate your level of pain by placing an X on the line below.



LOCATION OF PAIN: _____

Indicate your level of pain by placing an X on the line below.

