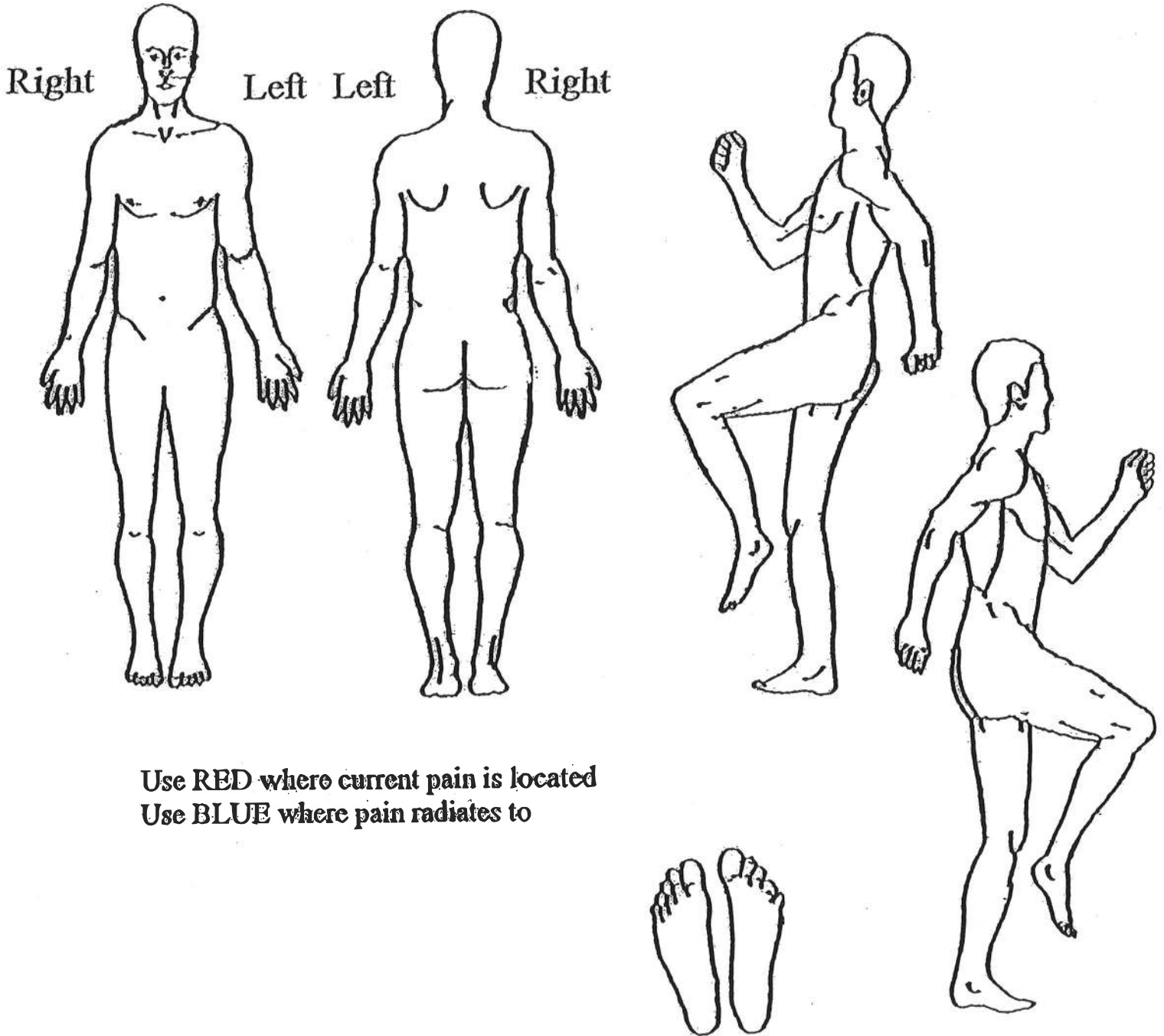


Patient _____

Date _____

Pain Distribution Form

To Be Completed By Patient



Use RED where current pain is located
Use BLUE where pain radiates to

My pain level is (circle one)

0	1	2	3	4	5	6	7	8	9	10
none	slight		moderate		severe		extreme		couldn't	be worse