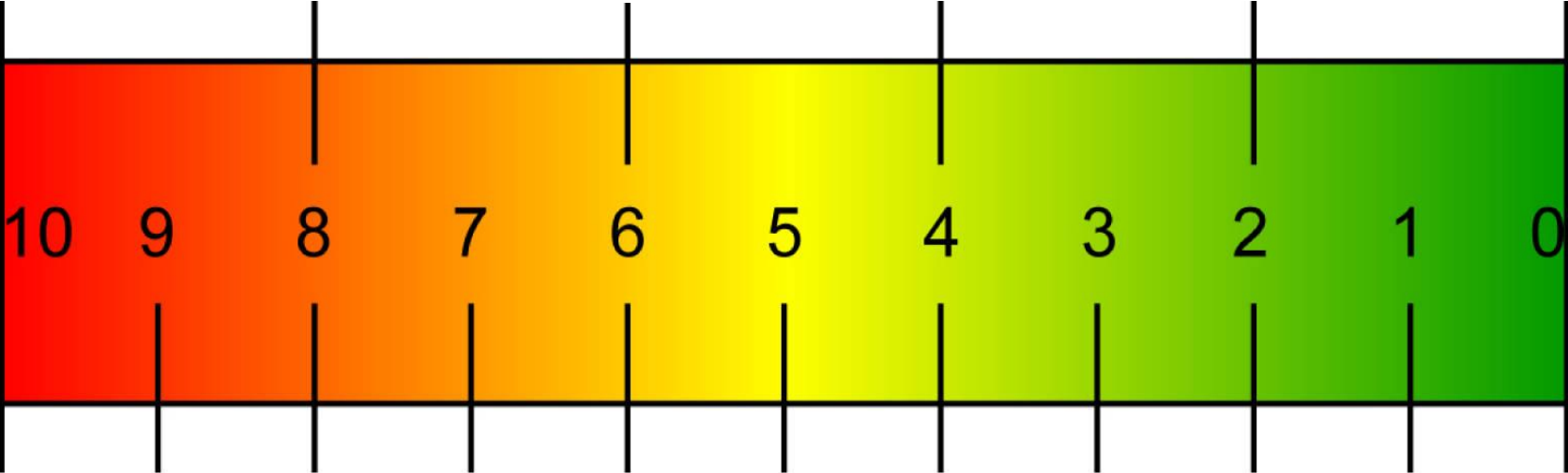


On a scale of 0-10 out of 10, with 10 being the worst pain and 0 being no pain, point to the number that best describes your pain.



UNBEARABLE **SEVERE** **Moderate** **Mild** **Slight** **NO PAIN**



Show me where you have pain.

