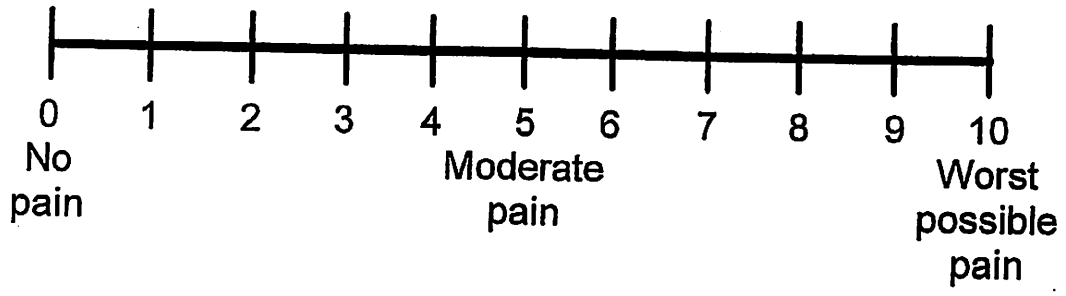


0-10 Numeric Pain Rating Scale



Current Level _____

At Worst _____

At Best _____