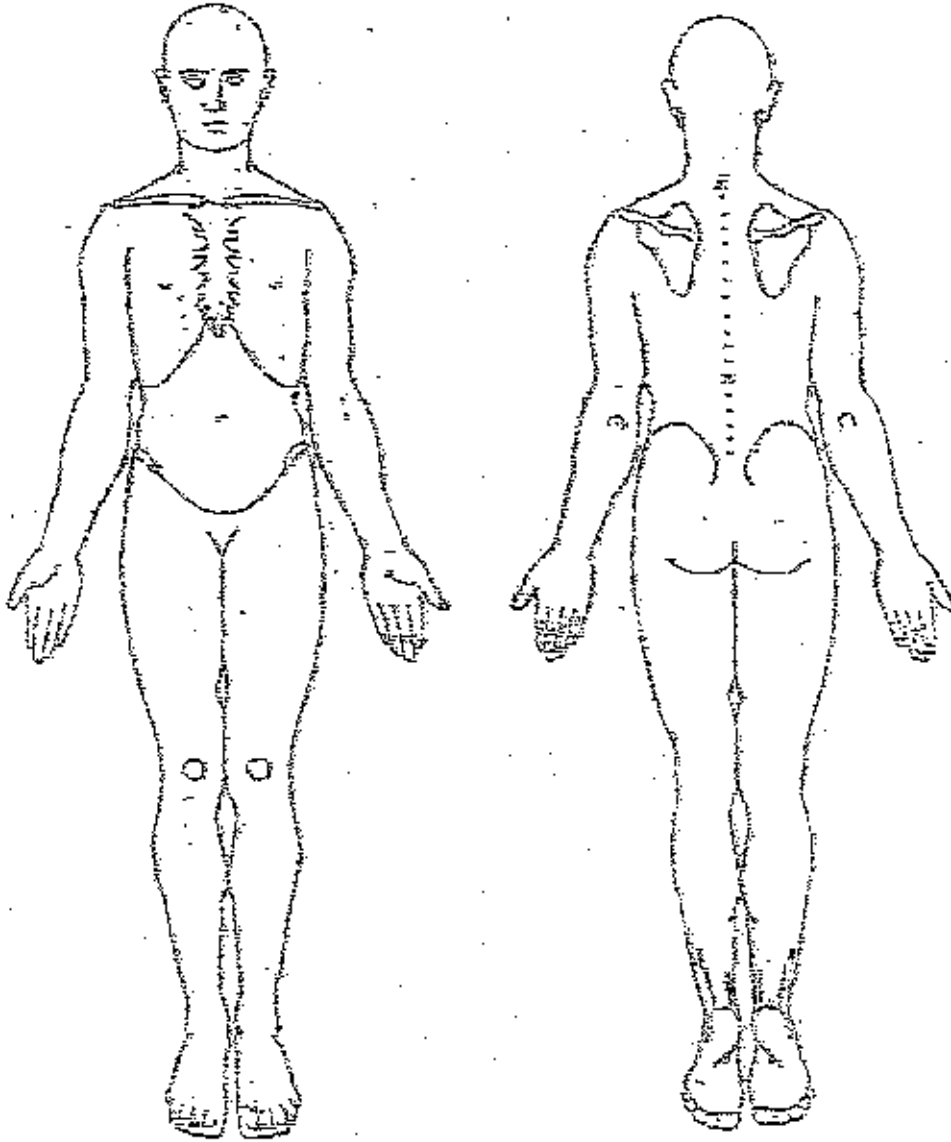


PATIENT FUNCTIONAL SELF REPORT

PLEASE MARK AREAS OF PAIN ON THE BODY DIAGRAM BELOW:



Circle one of the following: Is the pain constant?

Is the pain intermittent?

0 5 10

Please mark your current pain level on the line above.
0 is no pain. 10 is extreme pain.