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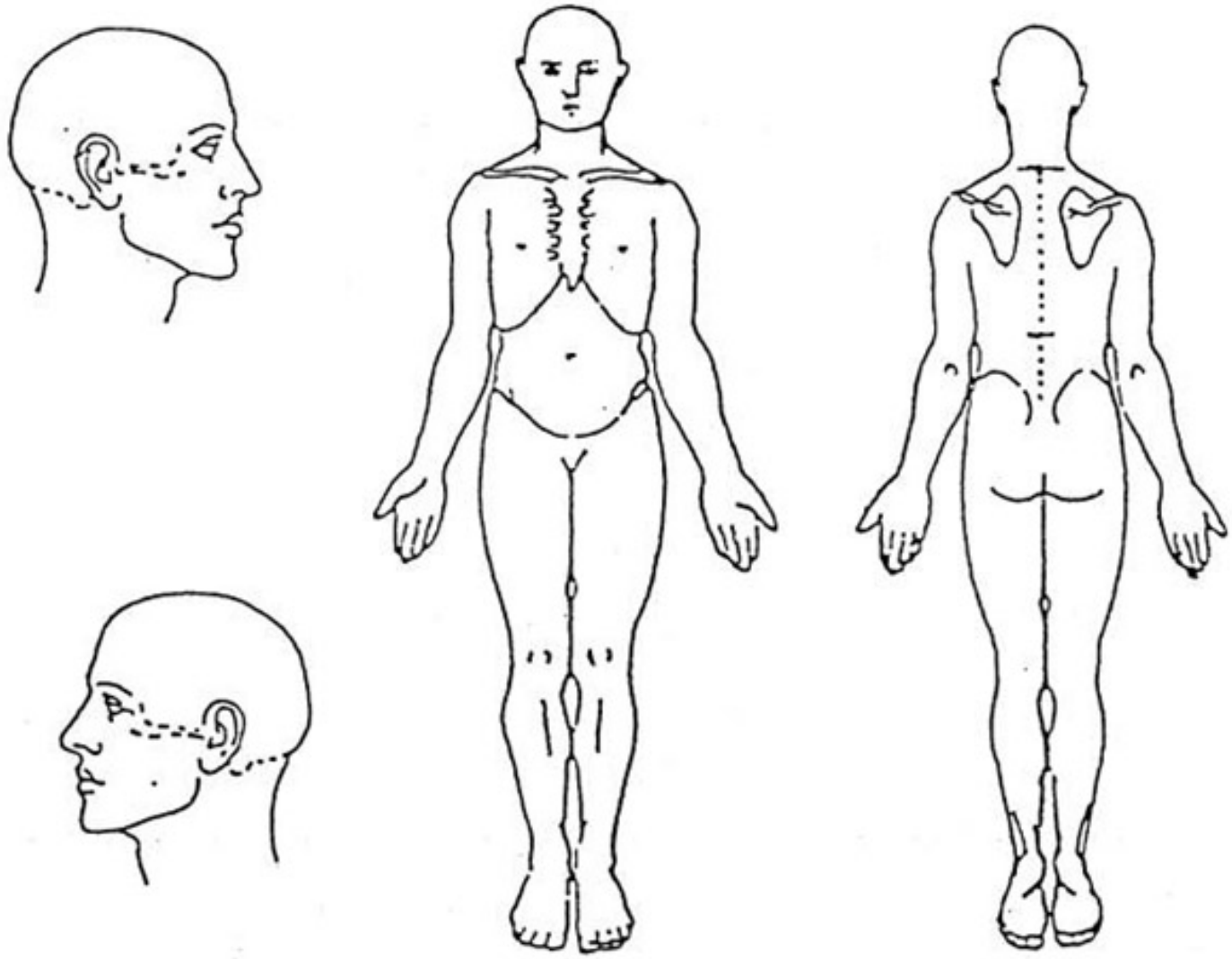

On the diagram above, please mark the area(s) where your pain is located

Rate your pain n a scale from 1 to 10 (1 = no pain, 10 = worse pain imaginable) _____