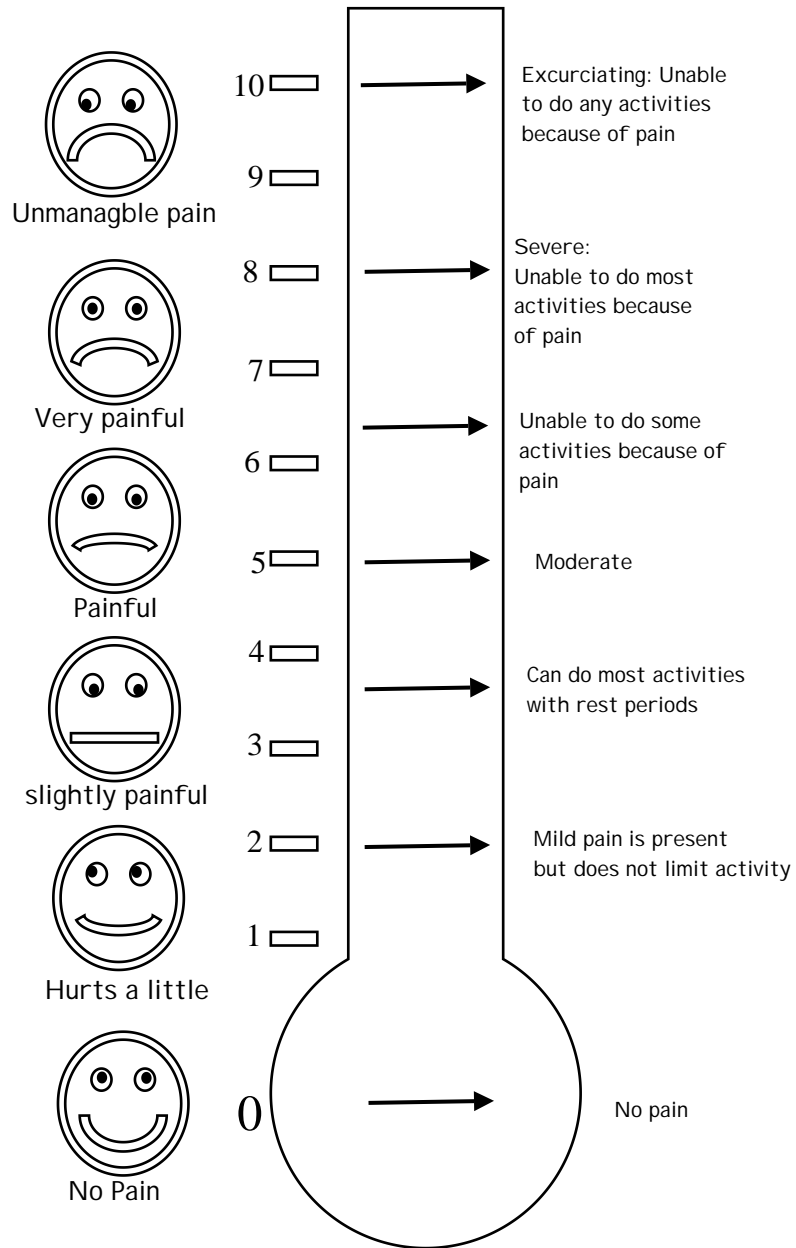


Pain Scale



Date.....

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday
Notes

