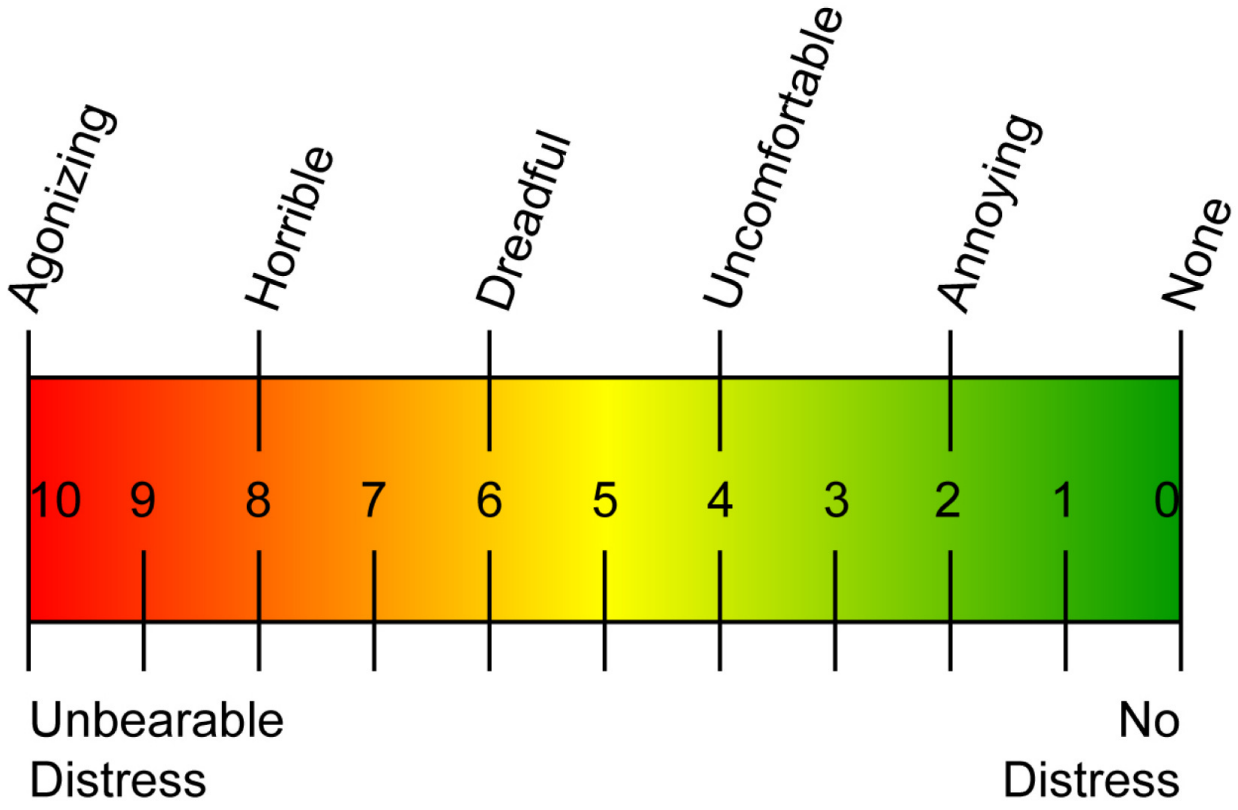
Visual Analog Pain Scale



Task _____

Date _____ *Start* _____ *End* _____