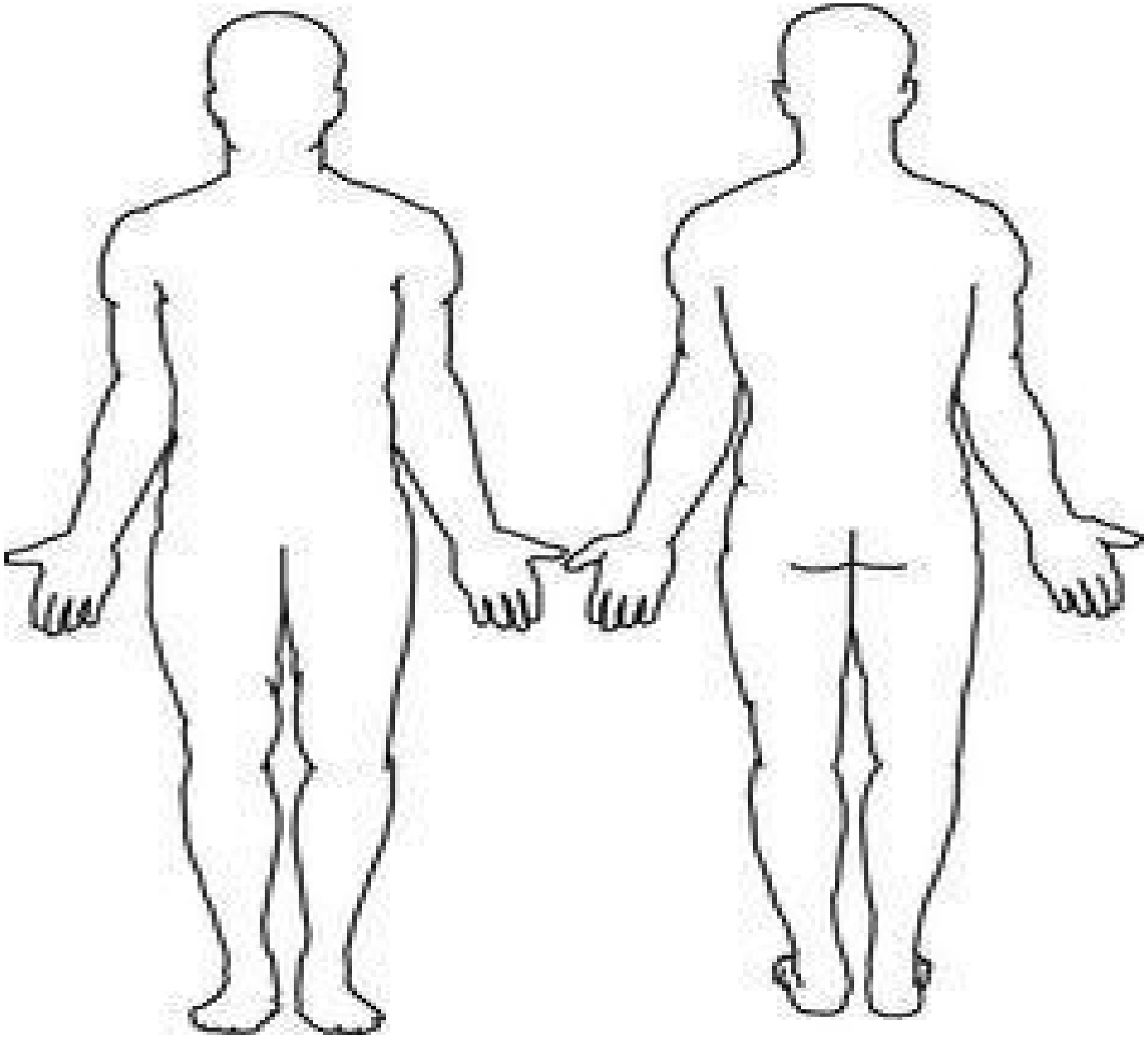
Pain Diagram

NAME: _____ Date: _____

Place an "X" everywhere
You feel pain



FRONT BACK

Right Left Right