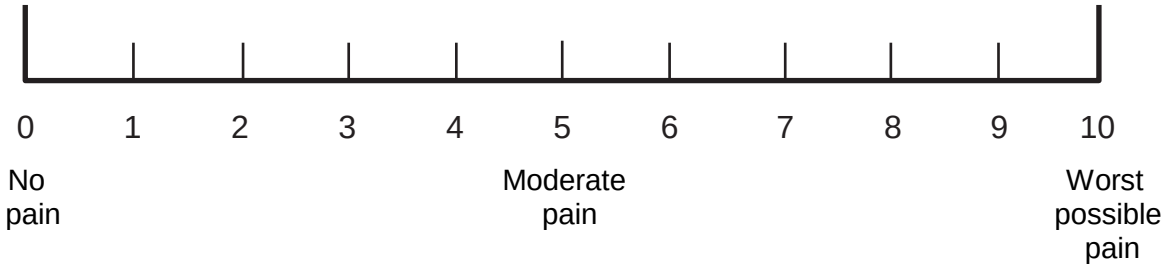
Numeric Pain Rating Scale

For children 10 years old or older:



Patient last name: . . . . . Date of birth: . . . . / . . . . / . . . . . .

Patient first name: . . . . . Date: . . . . / . . . . / . . . . . .