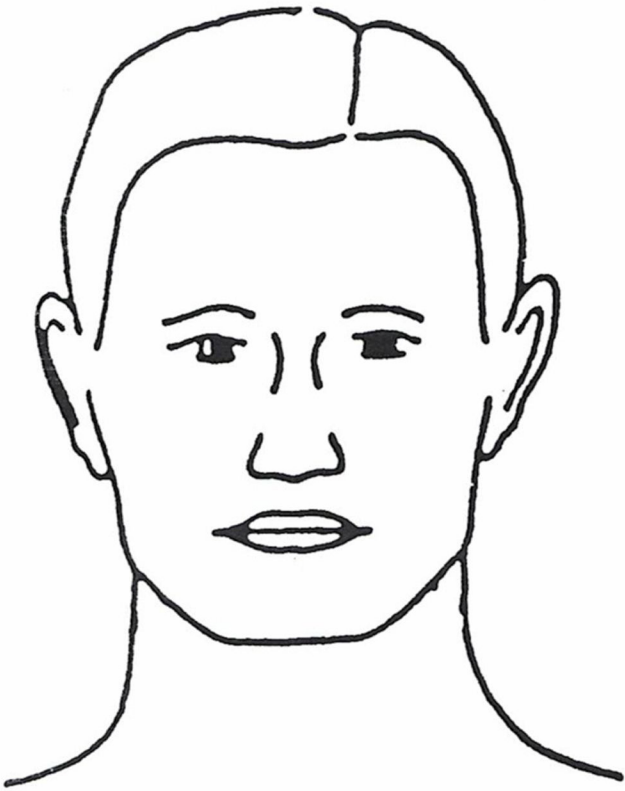
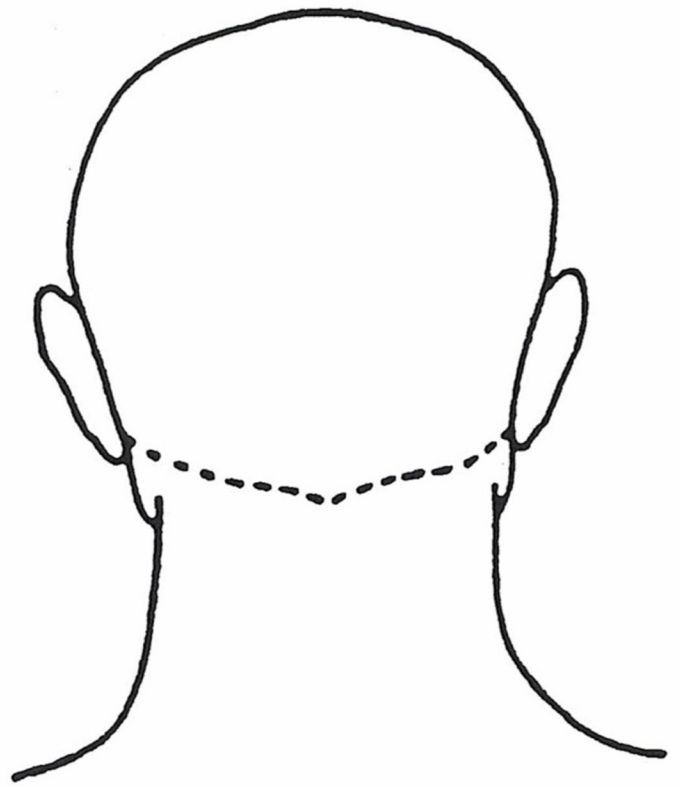


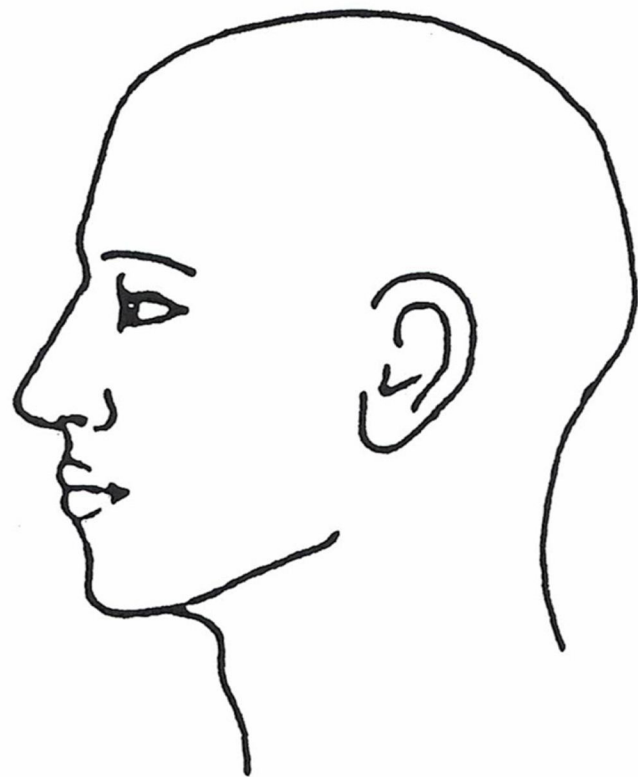
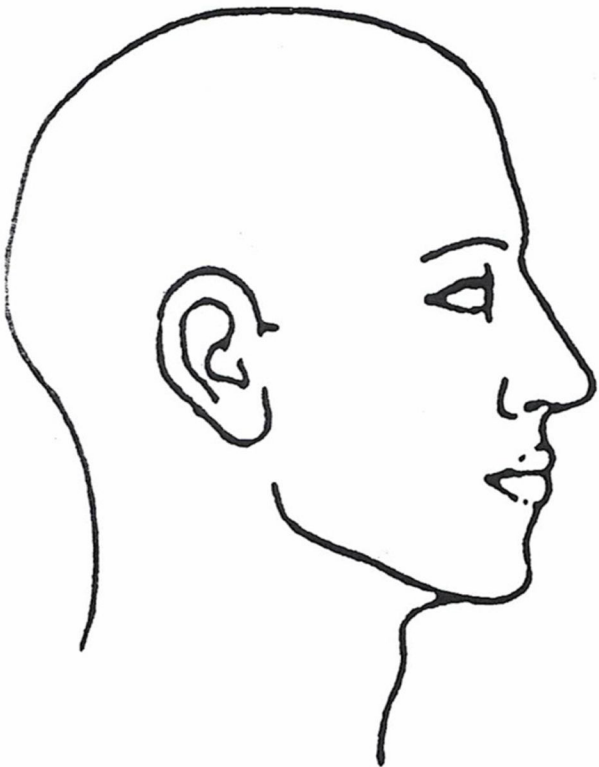
Please mark the area were you feel pain



RIGHT



LEFT



Name: _____

Date: _____