

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please shade in the drawing to show where you usually have pain. It is important to *shade* the drawing rather than using Xs or other marks to show where you have pain. Be as accurate as you can.)

Algometer \_\_\_\_\_  
Fibroquest \_\_\_\_\_  
FIQ \_\_\_\_\_  
Zung's \_\_\_\_\_  
Pain Dist. \_\_\_\_\_

