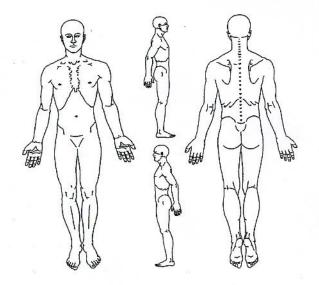
## PLEASE INDICATE THOSE SYMPTOMS YOU HAVE EXPERIENCED ON MORE THAN AN OCCASIONAL BASIS...

| 0  | HEADACHES             | O ARM PAIN           | O MID BACK PAIN | O HIP PAIN        |
|----|-----------------------|----------------------|-----------------|-------------------|
| 0  | NECK PAIN             | O ELBOW PAIN         | O LOW BACK PAIN | O KNEE PAIN       |
| 0  | SHOULDER PAIN         | O WRIST-HAND PAIN    | O LEG PAIN      | O ANKLE-FOOT PAIN |
| 0  | OTHER                 |                      | 837 11 1        | W                 |
| Wi | HICH OF THE ABOVE BOT | THER YOU THE MOST?   |                 | 8                 |
| W  | HAT TYPE OF TREATMEN  | T HAVE YOU RECEIVED? |                 |                   |

## USE THE SCALE PROVIDED TO INDICATE THE LEVEL OF PAIN YOU ARE EXPERIENCING

0 1 2 3 4 5 6 7 8 9 10

## **CIRCLE AREAS OF CONCERN**



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