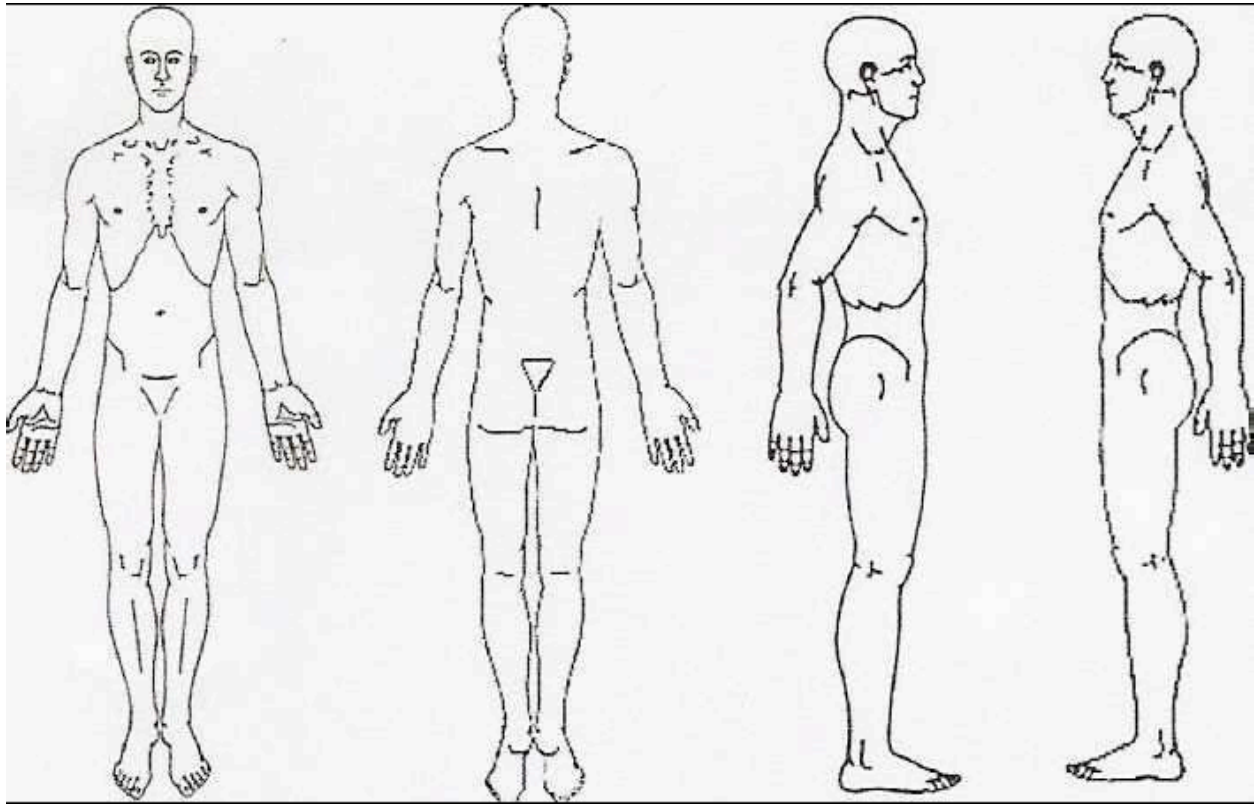


Please indicate all areas of pain by shading in body .



PLEASE DESCRIBE PAIN:

Stabbing. Sharp, dull, burning, etc _____

Does it radiate to other areas _____

What makes it worse: _____

What makes it feel better: _____

Is it constant or Intermittent: _____

What other treatment have you tried _____

Please indicate from 1-10 level of pain _____

Does Heat or cold make it feel better: _____

Does pressure aggravate or lessen pain _____