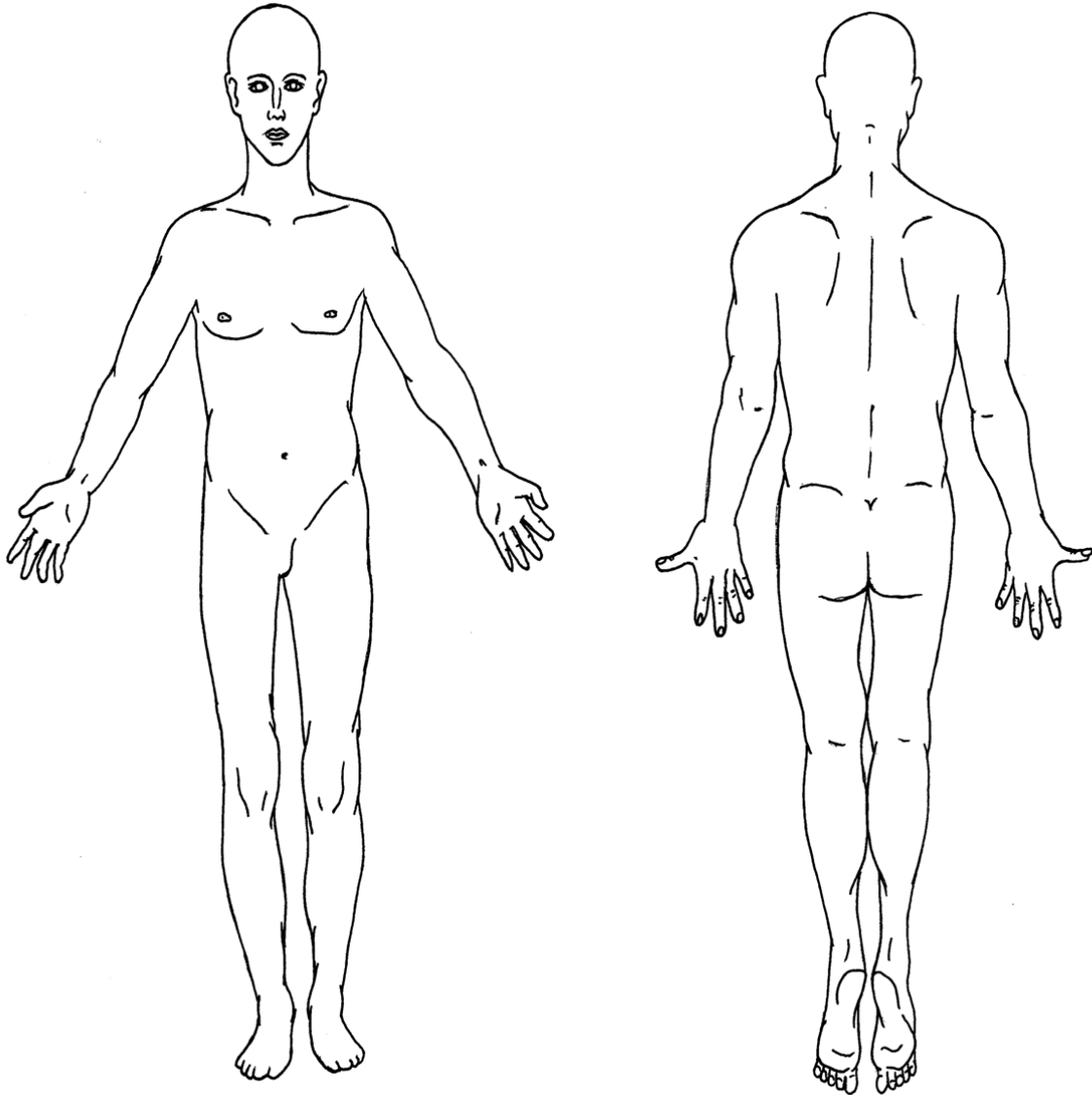


Name: \_\_\_\_\_ Date: \_\_\_\_\_

Draw in all aches, pains, stiffness, numbness, etc., as accurately as possible.



**Notes:**

Please include with each pain a description (sharp, vague, throbbing, dull, numb, shooting, electric, burning, etc.). Also note whether mild, moderate, severe or debilitating. Also note whether symptom is constant, most of the time, half the time, some of the time or infrequent.