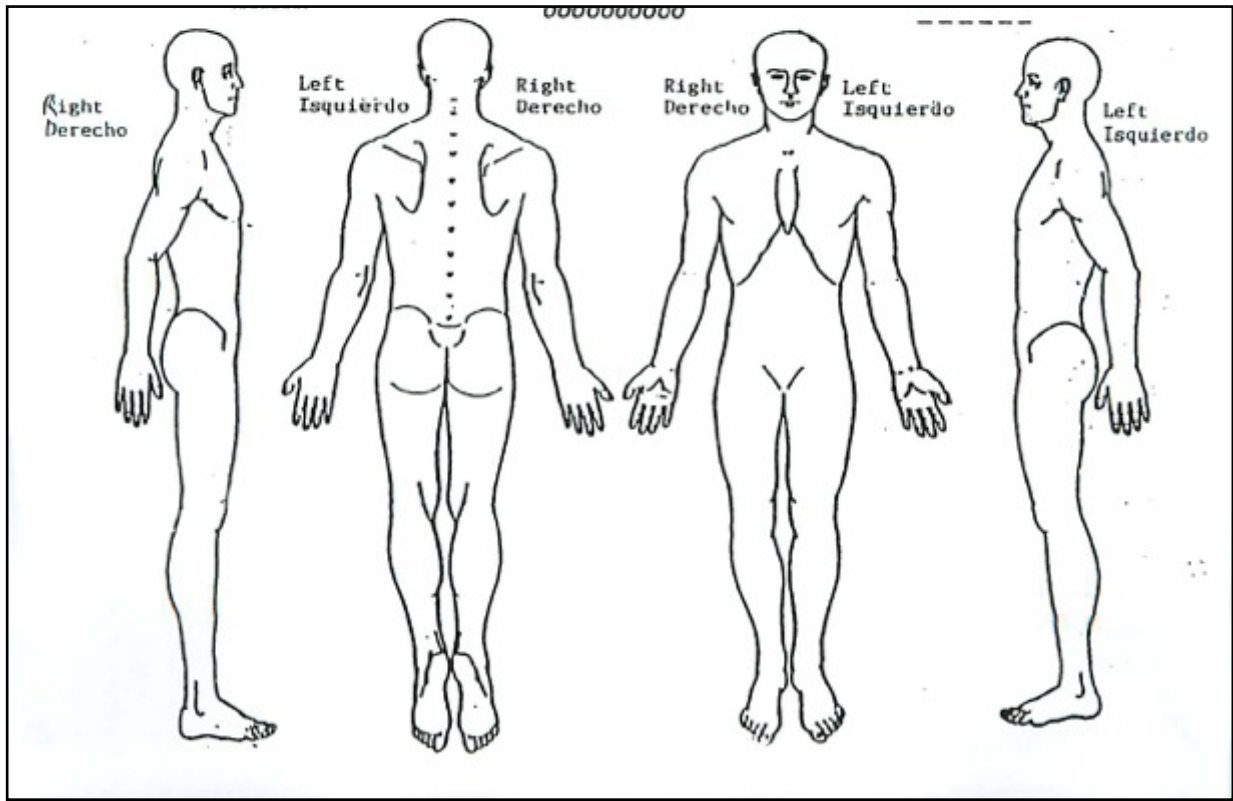


Please mark any areas of complaint with an "X":



Describe your areas of complaint:

1. _____
2. _____
3. _____
4. _____
5. _____

How often do your symptoms bother you? (Please circle response)

0-25% of the time 25-50% of the time 50-75% of the time 75-100% of the time

Do any of the following help your symptoms? Circle all that apply:

Ice/ heat/ stretching/ pain reliever/ rest/ activity/ massage/ chiropractic/ none / other