

Are you currently experiencing any musculoskeletal pain or stiffness?

YES  NO If yes, please explain:

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How would you rate your discomfort?  Mild  Moderate  Severe

How long have you had this discomfort?  Hours  Days (#) \_\_\_\_  Weeks  Months  Years Since: \_\_\_\_\_

How often do you experience this discomfort?  Constantly  Daily  2-3 times per week  Less often \_\_\_\_\_

Are there any activities which aggravate or relieve your discomfort?  Yes  No If yes, please explain:

Aggravate: \_\_\_\_\_ Relieve: \_\_\_\_\_

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Are there specific aspects of your life that are particularly stressful? (Job, family, diet, habits, etc...)

Yes  No If yes, please explain: \_\_\_\_\_

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**Mark the exact areas of discomfort on the following diagrams:**

(1) Circle areas of pain (2) XXX areas of joint or muscle stiffness (3) //// areas of numbness or tingling

