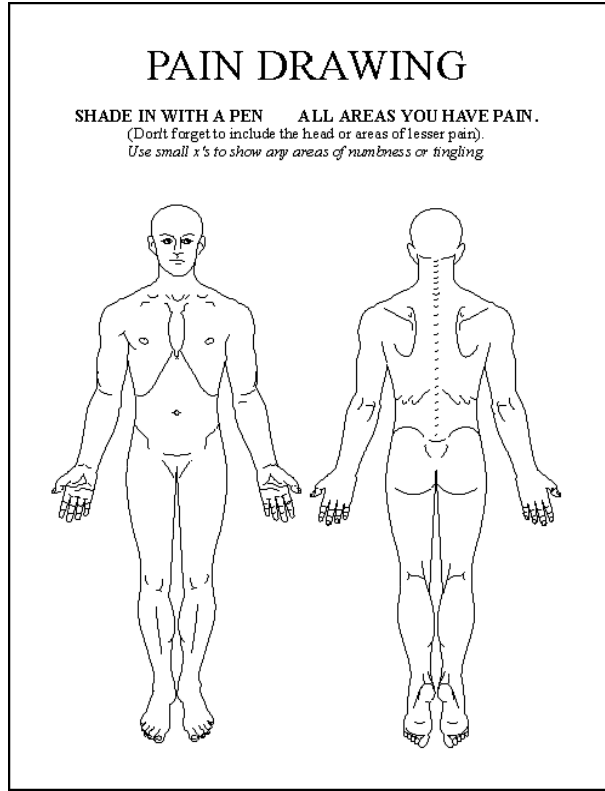
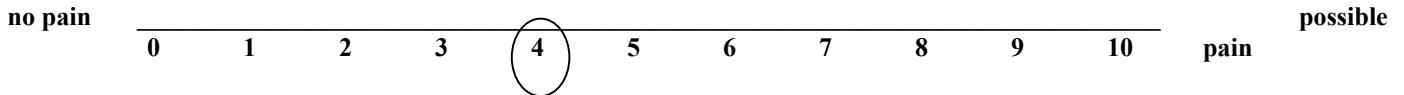


# Step 1: Circle areas of pain



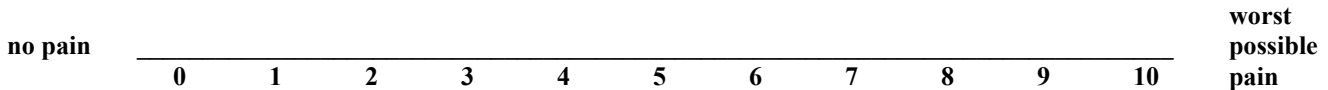
**STEP 2** - INSTRUCTIONS: Please circle the number that best describes the question being asked. Please indicate your average pain levels and pain at minimum /maximum using the last 3 months as your reference. Follow up visits: Indicate you average pain level since the last time you completed this form.

**EXAMPLE:**

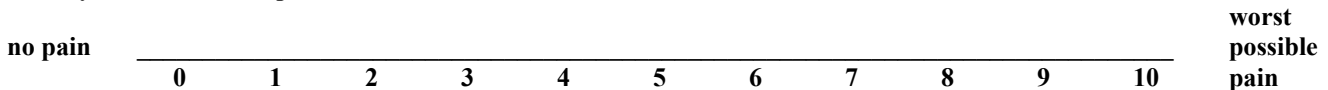


#####

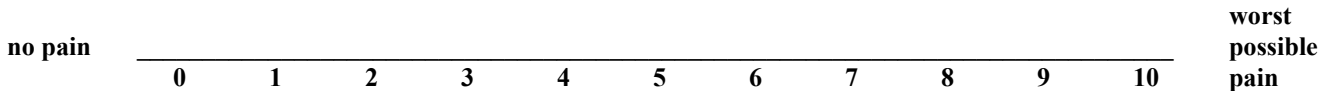
1. Rate your pain RIGHT NOW?



2. Rate your AVERAGE pain this week?



3. Rate your pain level AT ITS WORST (How close to "10" does your pain get at its worst)?



Number of hours of sleep per night? \_\_\_\_\_

NAME \_\_\_\_\_

DATE \_\_\_\_\_