ID: | | | | | | | | | | | |

Today's Date: mm | | / dd | | / yyyy | | | |

1. Check all the areas in which you have had pain over the last week:

☐ Shoulder, Lt. ☐ Shoulder, Rt.	☐ Upper Leg, Lt. ☐ Upper Leg, Rt.	☐ Lower Back ☐ Upper Back ☐ Neck
☐ Hip, Lt. ☐ Hip, Rt.	☐ Lower Leg, Lt. ☐ Lower Leg, Rt.	
☐ Upper Arm, Lt. ☐ Upper Arm, Rt.	☐ Jaw, Lt. ☐ Jaw, Rt.	☐ No pain in any of these areas
☐ Lower Arm, Lt. ☐ Lower Arm, Rt.	☐ Chest ☐ Abdomen	

Draft