

How long have you had this pain? _____

Pain is worsened by? _____

Pain is improved by? _____

Pain Level 0 1 2 3 4 5 6 7 8 9 10

Circle the treatments you have had for this Pain:

Anti-inflammatory medication

Pain medication

Muscle relaxants

Physical therapy

Acupuncture

Biofeedback

Pilates

Yoga

TENS unit

Trigger point injection

