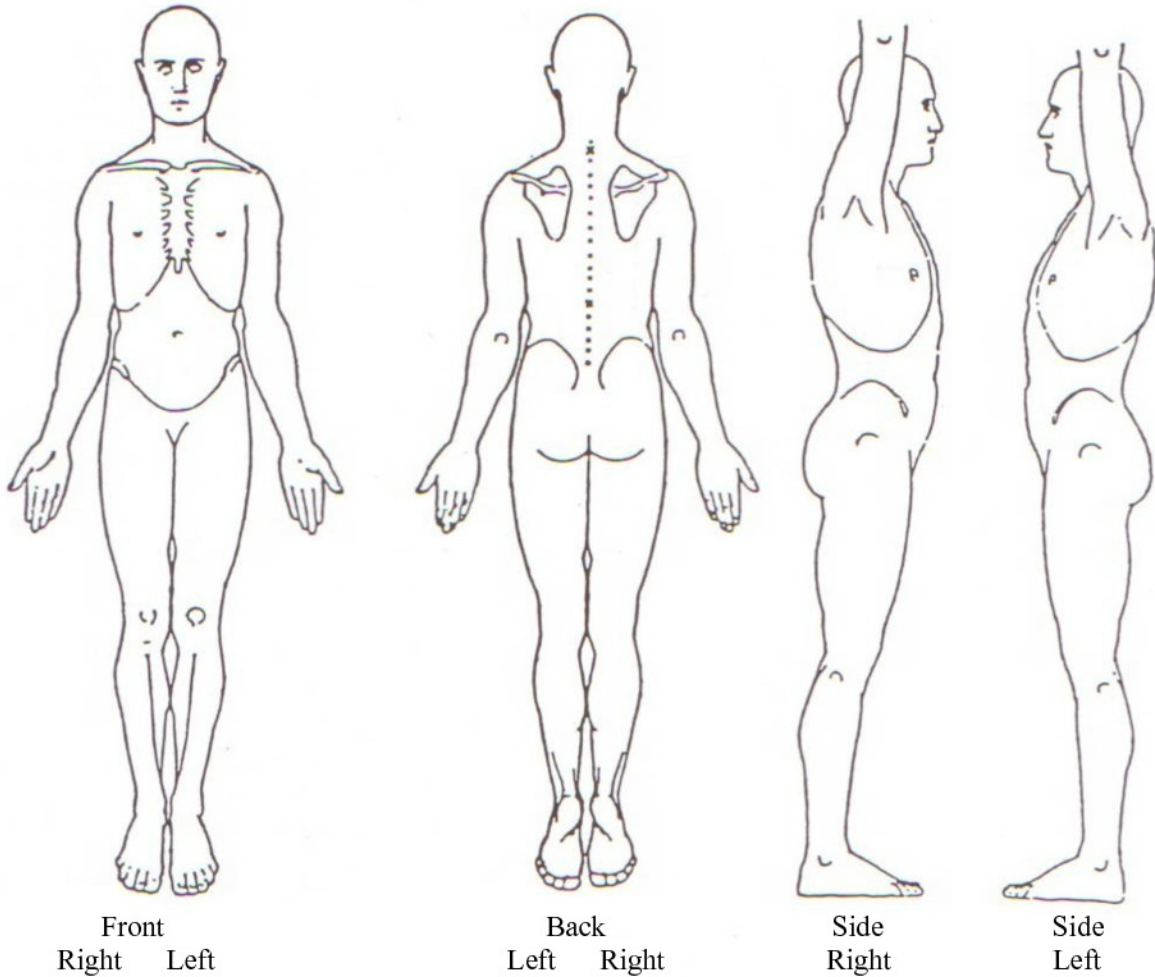


BODY DIAGRAM

Name: _____ Date: _____

Directions: On the body diagram below, please mark the areas of your symptoms as they are at this moment of your evaluation.



No Pain |-----| Pain as bad as it could be

On the line above, please mark an (x) on the line to indicate your level of pain.

Pain aggravating activities:

Pain alleviating activities: