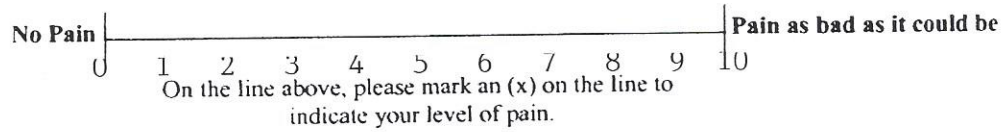
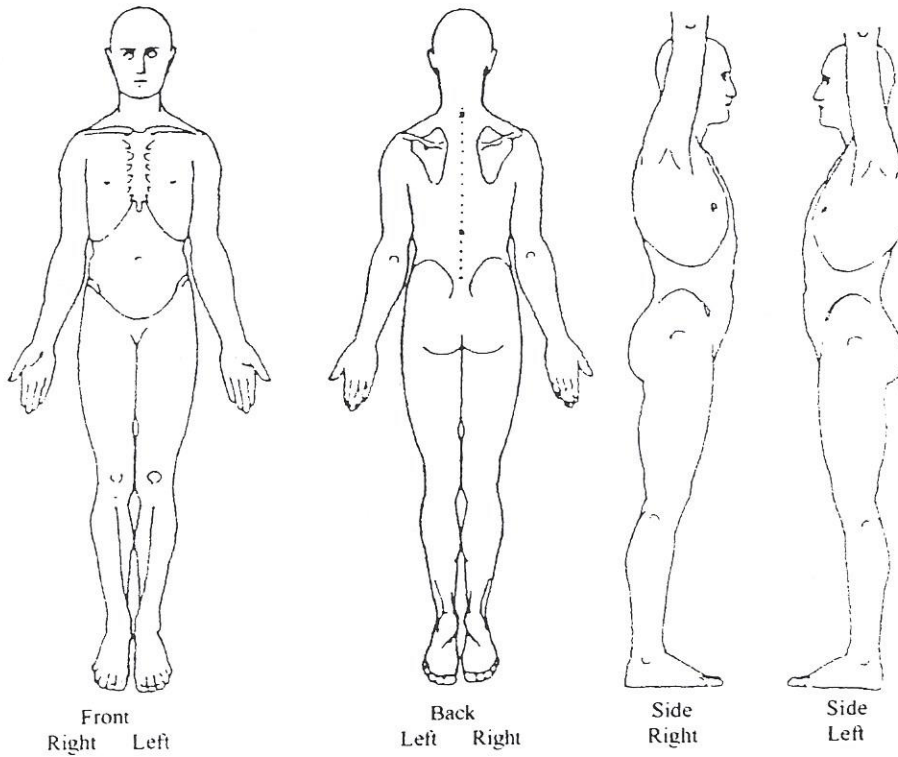


BODY DIAGRAM

Name: _____ Date: _____

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



Pain aggravating activities:

Pain alleviating activities: