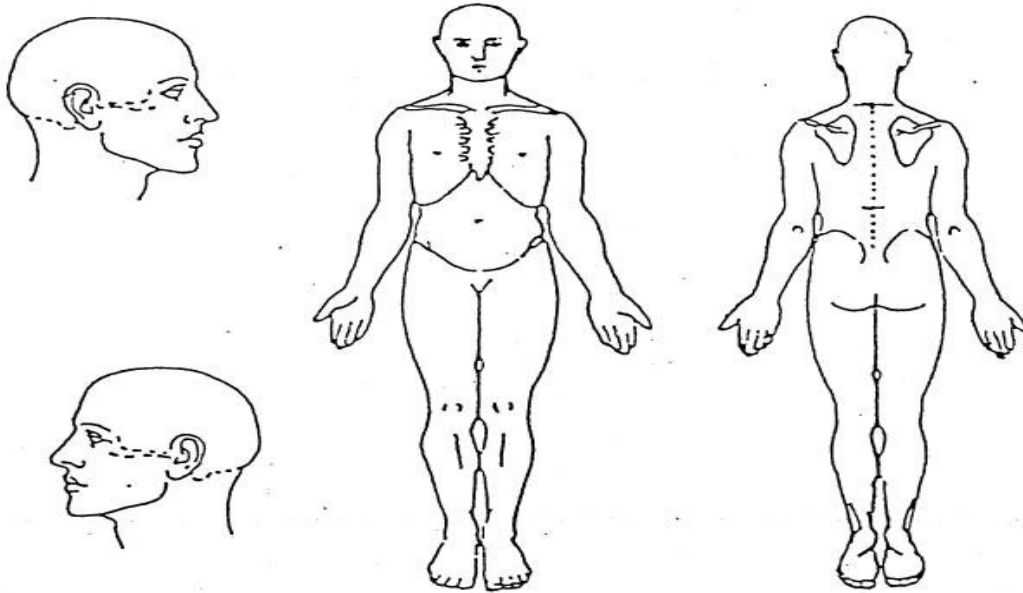


Acupuncture Pre/Post Survey

Please indicate on the following chart the regions experiencing pain right now (up to three sites). Please indicate regions using the symbols ①, ②, and ③, with ① indicating the area of most serious pain and ③ indicating the area of least pain.



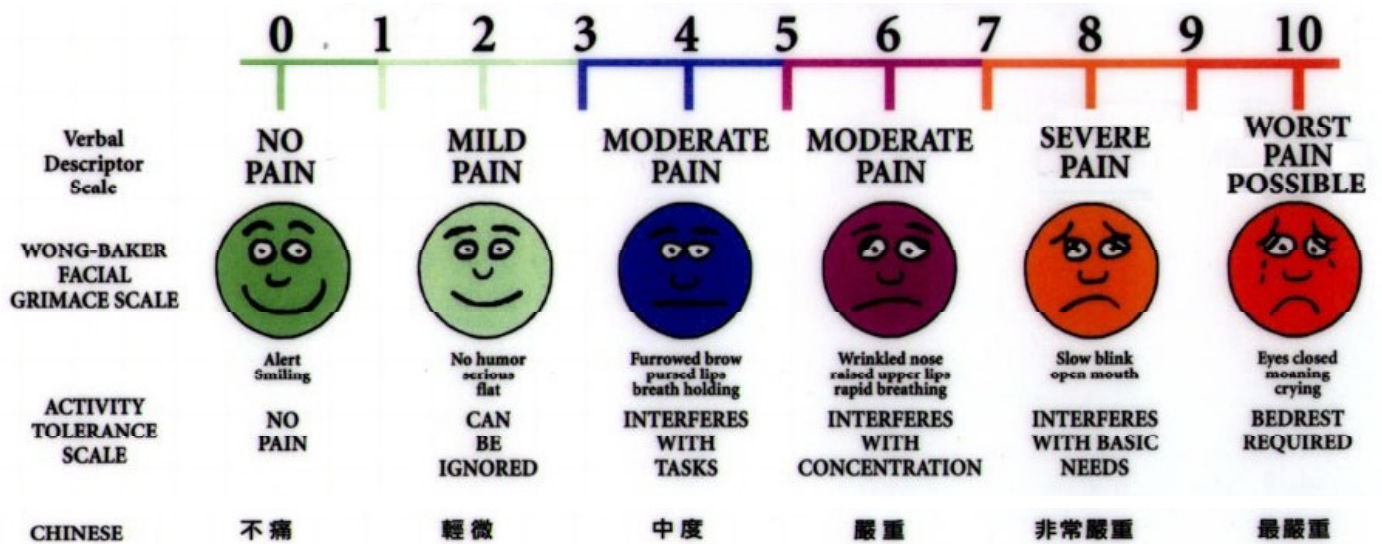
ACTIVITY LEVEL CHANGE

How has the pain affected your daily activities?

- A. Not very significantly.
- B. There is a noticeable difference.
- C. Very significantly.

① [] ② [] ③ []

PHYSICIAN'S NOTES AND OBSERVATIONS



PAIN INTENSITY

① [] ② [] ③ []

FREQUENCY OF SYMPTOM

- A. Multiple times per day
- B. Once a day
- C. Every other day
- D. Once a week
- E. Once a month

① [] ② [] ③ []

DURATION OF SYMPTOM

- A. Very brief
- B. A few seconds
- C. One or two minutes
- D. A couple of minutes
- E. Lingering pain

① [] ② [] ③ []

PAIN MEDICINE USAGE

Do you currently take pain medicine? If yes, please answer the following:

How often do you take pain medicine? ____ times per day / week.