

- 6. Besides taking medication, how do you reduce the pain?

- 7. How long does it take to reduce the pain?

- 8. Describe your sleeping patterns (how long, naps, how often)

- 9. Has pain changed any of your activities? Please describe.

Please give us the name, address, and phone number of someone (social worker, friend, family member or neighbor) who could provide additional information regarding your daily activities.

Name: _____

Address: _____

Phone Number: _____

Upon completion of the questions, please sign and date below.

Signature _____ Date _____

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ATTACHMENTS