During the past month, how troublesome have each of the following symptoms been? (Please mark the appropriate box on each row for each area that you have pain)

	No pain experienced	Not at all troublesome	Slightly troublesome	Moderately troublesome	Very troublesome	Extremely troublesome
Head ache						
Neck pain						
Shoulder pain						
Elbow pain						
Wrist / hand pain						
Chest pain						
Abdominal pain						
Upper back pain						
Lower back pain						
Hip/thigh pain						
Knee pain						
Ankle/foot pain						
Other pains						