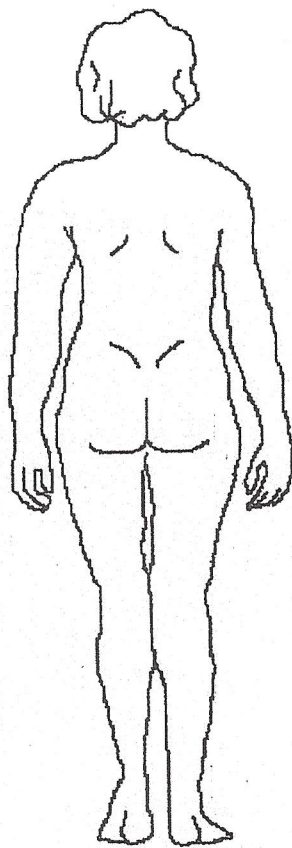


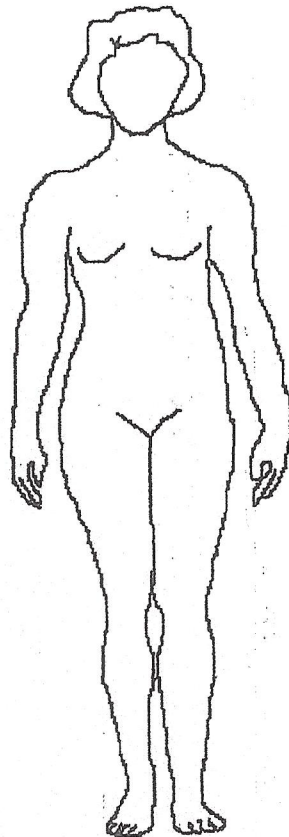
# Orthopedic & TMJ Physical Therapy Center

## Pelvic Pain Questionnaire (Female)

PLEASE SHADE IN THE AREAS YOU HAVE DISCOMFORT



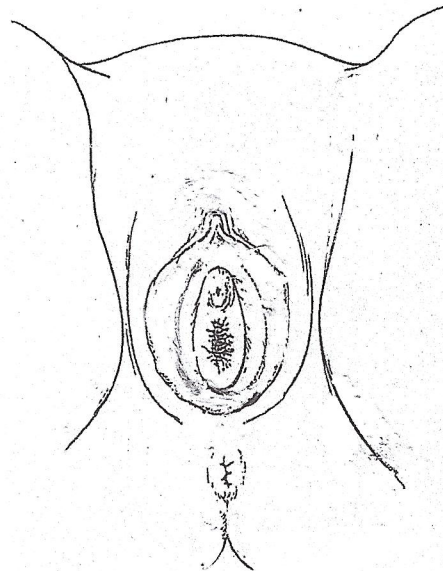
Left



Right

Right

Left



Please indicate your pain range by circling both your high and low levels experienced within the last month.

