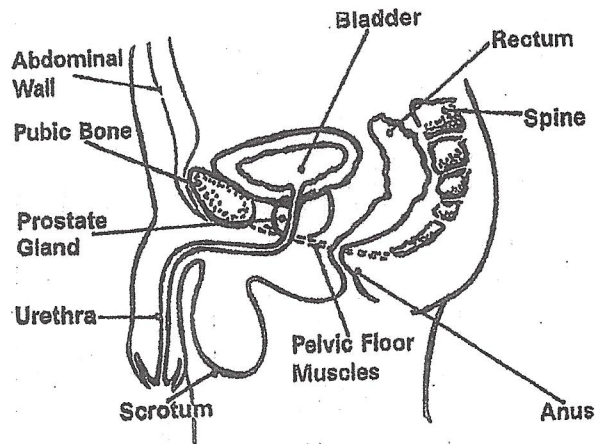
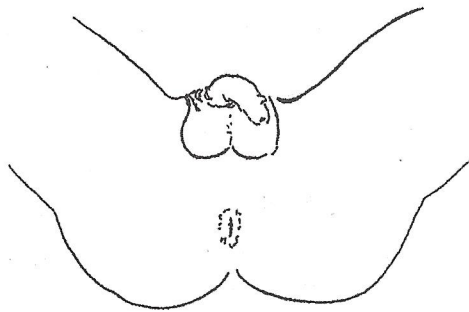
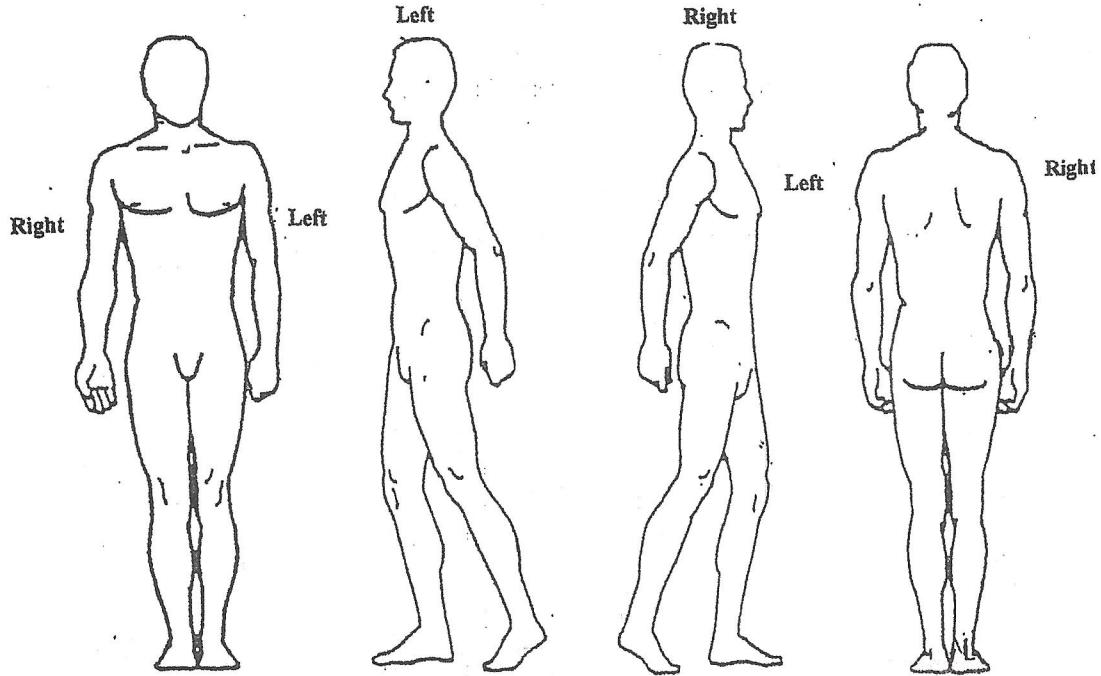


# Orthopedic & TMJ Physical Therapy Center

## Pelvic Pain Questionnaire (Male)

PLEASE SHADE IN THE AREAS YOU HAVE DISCOMFORT



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

