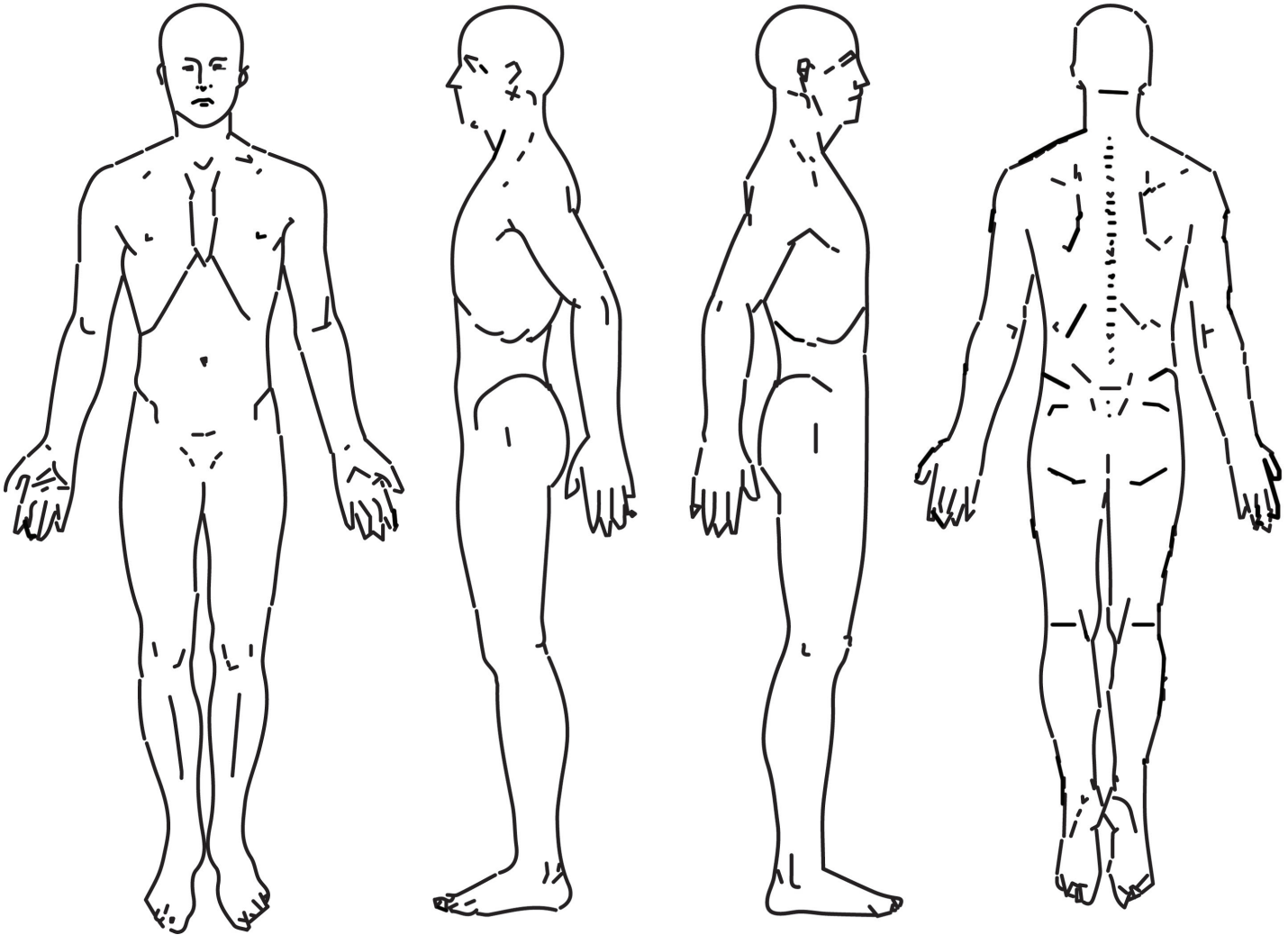


# Feel Better Every Day With JUVENT - Pain Log

Date: \_\_\_\_\_ Name: \_\_\_\_\_



## Instructions

Please mark off areas of your pain on the diagram above. Please use the following symbols of the pain diagram to accurately describe your condition:

PPP	Where you experience Pain	BBB	Where you experience Burning
NNN	Where you experience Numbness	CCC	Where you experience Cramping
TTT	Where you experience Tingling		

Next to each mark place a number based on the scale on the back. After 2 weeks of Juvent uses (at least 20 minutes every other day) fill out another form, and then at your 5th week another and compare the results to note improvements. It helps to not look at the earlier forms when filling out the new ones and also filling out the forms at the same time of day.

Please note how many and what kind of pain medication you are taking each time. Also note how you feel in general - use a number based on the scale on the back. Make sure to make copies for each member of your family that is participating in your evaluation.

*Juvent is not intended to treat or cure disease. It is an exercise device. Consult your doctor before undertaking any exercise program.*

FM-156-Rev1

# Feel Better Every Day With JUVENT - Pain Log

Date: \_\_\_\_\_ Name: \_\_\_\_\_

.....

## Pain Level

0 1 2 3 4 5 6 7 8 9 10  
**No Pain** **Worst Pain**

.....

## Stress

0 1 2 3 4 5 6 7 8 9 10  
**No Stress** **Very Stressed**

.....

## Exercise

0 1 2 3 4 5 6 7 8 9 10  
**Daily Exercise** **No Exercise**

.....

## Activity

0 1 2 3 4 5 6 7 8 9 10  
**Normal Activity** **No Activity**

.....

## Sleep

0 1 2 3 4 5 6 7 8 9 10  
**Fully Rested** **Poor-Quality Sleep**

.....

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