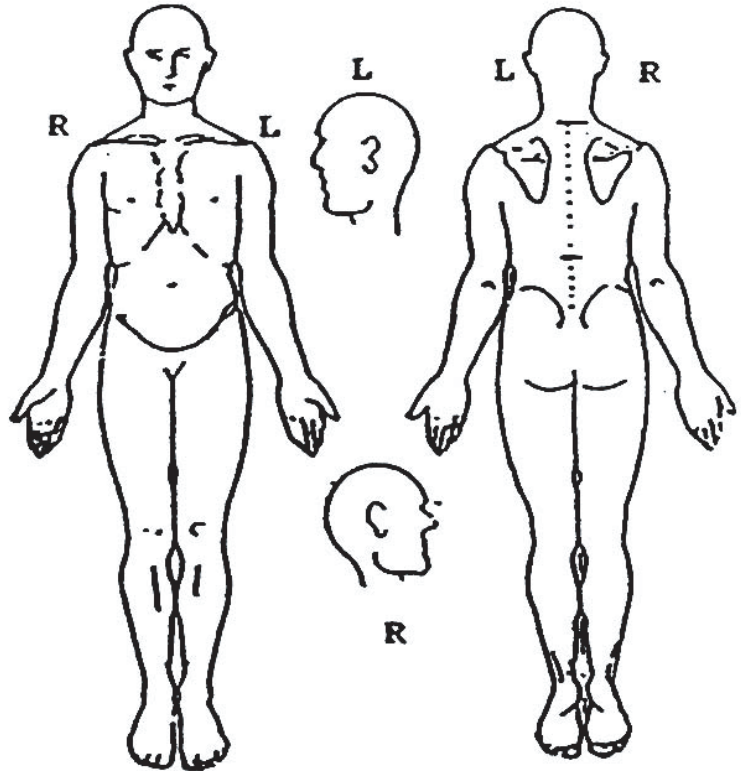


PLEASE MARK OR COLOR IN ALL AREAS OF **NUMBNESS, PAIN OR DISCOMFORT** ON THE DIAGRAM TO THE RIGHT



Pain is (check all that apply): sharp burning moving fixed dull aching stabbing
radiates to: _____

FOR MEN:

Do you ever experience burning, urgency or other discomfort during urination? Yes No

have you ever been diagnosed with prostatitis? Yes No

FOR MEN AND WOMEN:

Do you have any concerns about sexual function? Yes No