



# Joint Health Questionnaire

Center for Better Bones

**Name:** \_\_\_\_\_

1. In which joints or parts of the body do you experience pain? List the degree of pain from 1 to 10 (1 being mild and 10 very strong).

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2. How long have you experienced this pain?

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3. Have you been given a diagnosis for the cause of this pain? If so, what is the diagnosis?

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4. Do you know of any foods, activities, weather, or other exposures that make the pain worse?

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5. What do you do to reduce or manage the pain (medications, nutrients, exercise, stretching, hot baths, massage, acupuncture, etc.)?

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