

Post-treatment questionnaire

1. What was the worst pain you've ever experienced? How would you rate it?

("0" = nothing, "10" = maximum pain)

2. How much did the full trigger point treatment hurt?

("0" = not at all, "10" = maximum pain)

3. What were you concentrating on?

4. To what degree did you focus on your image/breathing?

("0" = none, "10" = maximally)

5. Were you distracted from your image/breathing? If so, how many times?

6. Where did you feel your pain during treatment?