

In the <u>past 3 months</u> , have you tried?	A. What was your main reason?	B. In the <u>past 3 months</u> , did you receive it from a practitioner? (ex. healthcare provider, therapist, instructor, personal trainer)	C. In the <u>past 3 months</u> , did you use it on your own?
<p>3. Massage</p> <p>Using hands or tools to press, rub, or move muscles and soft tissues.</p> <p><u>Examples:</u> Deep tissue, Rehabilitation therapy massage, Swedish, Shiatsu</p> <p>Yes <input type="checkbox"/> → Go to A No <input type="checkbox"/> ↓ Skip to 4</p>	<p>[Choose one]</p> <p>Manage pain <input type="checkbox"/></p> <p>Manage a symptom other than pain <input type="checkbox"/></p> <p>Improve well-being or general health <input type="checkbox"/></p> <p>↓ Go to A1</p> <hr/> <p>A1. How effective was it for your pain?</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Not at all Completely</p> <p>Don't know <input type="checkbox"/></p> <p>→ Go to B</p>	<p>Yes <input type="checkbox"/> ↓ Go to B1 No <input type="checkbox"/> ↓ Skip to 4</p> <hr/> <p>B1. How many times in the past 3 months?</p> <p>1-2 times <input type="checkbox"/></p> <p>3-5 times <input type="checkbox"/></p> <p>6+ times <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p> <p>↓ Go to B2</p> <hr/> <p>B2. In what type of setting?</p> <p>[Check all that apply]</p> <p>Clinic or Facility for Veterans <input type="checkbox"/></p> <p>Military Treatment Facility <input type="checkbox"/></p> <p>Other setting <input type="checkbox"/></p> <p>↓ Go to 4</p>	

