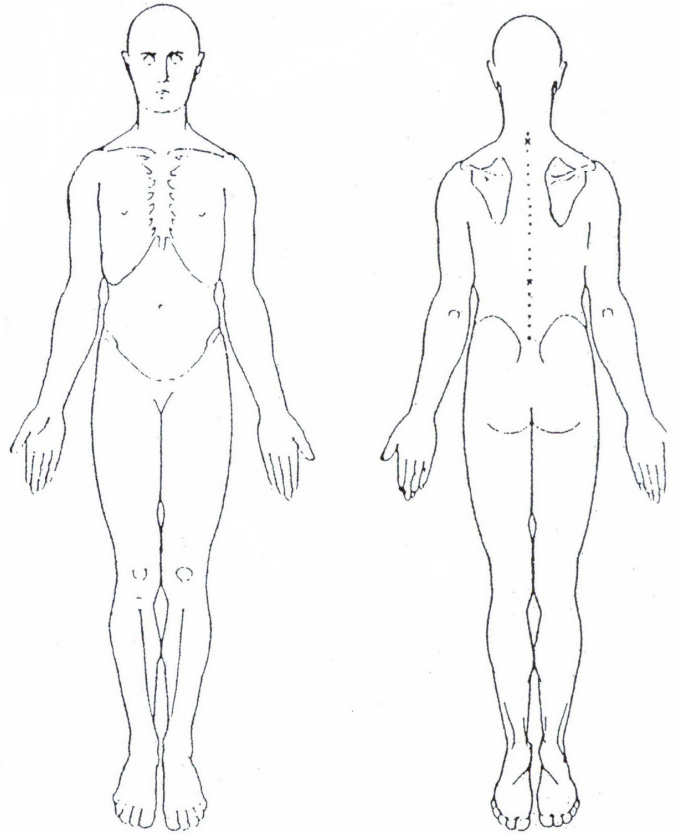


PAIN QUESTIONNAIRE

PATIENT NAME: _____ **DATE:** _____

1. When did you first get your pain(s)? Date: _____
2. Where is your pain? Please mark, on the drawing below, the area where you feel pain.
3. What does your pain feel like? Some of the words below describe your present pain. Circle only those words that describe it. Leave out any category that is not suitable. **Use only a single word in each appropriate category – the one that applies best.**
4. How does your pain change with time? _____ What kind of things relieve it? _____ What kind of things increase it? _____
5. How strong is your pain? On a scale of 0-10, 0 being no pain and 10 being excruciating, please rate your pain: _____

- | | | |
|---|---|---|
| <ol style="list-style-type: none"> 1. Flickering Quivering Pulsing Throbbing Beating | <ol style="list-style-type: none"> 8. Tingling Itchy Smarting Stinging | <ol style="list-style-type: none"> 16. Annoying Troublesome Miserable Intense Unbearable |
| <ol style="list-style-type: none"> 2. Jumping Flashing Shooting | <ol style="list-style-type: none"> 9. Dull Sore Hurting Aching Heavy | <ol style="list-style-type: none"> 17. Spreading Radiating Penetrating Piercing |
| <ol style="list-style-type: none"> 3. Pricking Boring Drilling Stabbing Lancinating | <ol style="list-style-type: none"> 10. Tender Taut Rasping Splitting | <ol style="list-style-type: none"> 18. Tight Numb Drawing Squeezing Tearing |
| <ol style="list-style-type: none"> 4. Sharp Cutting Wrenching | <ol style="list-style-type: none"> 11. Tiring Exhausting | <ol style="list-style-type: none"> 19. Cool Cold Freezing |
| <ol style="list-style-type: none"> 5. Pinching Pressing Gnawing Cramping Crushing | <ol style="list-style-type: none"> 12. Sickening Suffocating | <ol style="list-style-type: none"> 20. Nagging Nauseating Agonizing Dreadful Torturing |
| <ol style="list-style-type: none"> 6. Tugging Pulling Wrenching | <ol style="list-style-type: none"> 13. Fearful Frightful Terrifying | <ol style="list-style-type: none"> 14. Punishing Grueling Cruel Vicious Killing |
| <ol style="list-style-type: none"> 7. Hot Burning Scalding Searing | <ol style="list-style-type: none"> 15. Wretched Blinding | <p>Accompanying Symptoms:</p> <ul style="list-style-type: none"> -Nausea -Headaches -Dizziness -Drowsiness -Constipation -Diarrhea |



Sleep:
 -Good
 -Fitful
 -Can't Sleep

Food Intake
 -Good
 -Some
 -Little
 -None

Activity:
 -Good
 -Some
 -Little
 -None

Comments:

