

# HealthCare Pain Management

## PAIN QUESTIONNAIRE

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

Date: \_\_\_\_\_

**CIRCLE** the number/s below that best describes the level of pain that you experienced over the last **5-7 DAYS**. Indicate a range of pain, at its **BEST** and at its **WORST**, within the last **5-7 DAYS**.

A Pain Scale of 10 represents the most **UNIMAGINABLE UNSPEAKABLE PAIN**, comparable to **CRUSHING A HAND AND PASSING OUT AS A RESULT OF PAIN**. There is no greater pain than the right end of the scale. In other words, there is no score of "15" on a scale from 0 to 10.



**What makes your pain worse: (Please check all that applies)**

- |   |  |
|---|--|
| <input type="checkbox"/> prolonged sitting  | <input type="checkbox"/> reaching upwards  |
| <input type="checkbox"/> prolonged standing | <input type="checkbox"/> head turning      |
| <input type="checkbox"/> walking            | <input type="checkbox"/> computer work     |
| <input type="checkbox"/> lifting objects    | <input type="checkbox"/> change in weather |
| <input type="checkbox"/> bending forward    | <input type="checkbox"/> laying down       |
| <input type="checkbox"/> bending backwards  |  |

OTHERS: \_\_\_\_\_

**What relieves your pain: (Please check all that applies)**

- |  |  |
|--|--|
| <input type="checkbox"/> sitting                 |  |
| <input type="checkbox"/> laying down on my back  |  |
| <input type="checkbox"/> laying down on my side  |  |
| <input type="checkbox"/> stretching painful part |  |
| <input type="checkbox"/> hot packs               | <input type="checkbox"/> ice or BenGay |
| <input type="checkbox"/> massage                 | <input type="checkbox"/> medications   |

OTHERS: \_\_\_\_\_

**Do you have numbness or tingling in any body part?**     YES     NO

If Yes, where? \_\_\_\_\_

**What have you tried to relieve your pain: (Please check all that applies)**

- |  |
|--|
| <input type="checkbox"/> Home Exercise, Stretching, Gym            |
| <input type="checkbox"/> Physical Therapy, Chiropractor            |
| <input type="checkbox"/> Motrin, Aleve, Ibuprofen, Muscle Relaxers |

On the body diagram below, **DARKLY** shade the area that shows us where in your body the pain is mostly concentrated in; **LIGHTLY** shade areas where the pain may spread or radiate to.

