

Patient Name: _____ D.O.B: _____ Date Completed: _____

What is the location of your pain? _____

Circle the most appropriate response regarding pain intensity using the guide below the following chart.

Pain Intensity-Current=	0	1	2	3	4	5	6	7	8	9	10	U
Pain Intensity-Worst in 24hrs=	0	1	2	3	4	5	6	7	8	9	10	U
Pain Intensity-Least in 24hrs=	0	1	2	3	4	5	6	7	8	9	10	U
Pain Intensity-Patient's desire=	0	1	2	3	4	5	6	7	8	9	10	U

Use the following guide to select most appropriate response to above:

- 0-No pain
- 1=Between no and mild pain
- 2=Mild pain
- 3=Between mild and moderate pain
- 4=Moderate pain
- 5=Between moderate and severe pain
- 6=Severe pain
- 7=Between severe and very severe pain
- 8=Very severe pain
- 9=Between very severe and worst possible pain
- 10=Worst possible pain
- U=Unable to answer

Mark the statement that most accurately describes your pain:

- Ache-Muscular type ache
- Burning, hot, fire type of pain
- Combination of pain descriptions
- Cramping type of deep tissue /muscle pain
- Dull type of ache which is constant
- Dull type of ache which is intermittent
- Pressure, heavy or fullness
- Pricking pain, tingling nerve endings
- Sharp, stabbing, knife-like pain
- Throbbing-pulsating pain, heartbeat type rhythm

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Duration of Pain

- Brief pain lasting only a short amount of time
- Constant pain that does not go away
- Cyclical-Pain has a pattern which tends to repeat
- Intermittent pain that comes and goes

Pain Affect and Interference

Circle the most appropriate response regarding the amount of time that pain affects or interferes with the following:

Pain affect on moving=	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Pain interfere with sleep=	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Pain affect emotions/mood=	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Pain affect communication=	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Pain cause nausea/vomiting=	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Pain affect breathing=	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

Mark the most appropriate response regarding the pain relief methods used:

- Change of position-moving around relieves pain.
- Distractions such as watching TV/reading.
- Massage relieves my aches and pain.
- Medication(s)-taking prescribed pain medication(s).
- Music-listening to music distracts from pain.
- Relaxation and/or guided imagery.
- Sleeping relieves the pain I feel.
- Walking/Exercise helps relieve my pain.