

Pain Inventory

(0 no pain-10 extreme pain unable to move due to pain and I need help with my pain.)

Areas of Pain: L/R Head:____ L/R Face:____ L/R Jaw:____ L/R Chest:____ L/R Abdomen:____ L/R Genital area:____
L/R Shoulder Girdle:____ L/R Upper arm:____ L/R Lower arm:____ L/R hand/Fingers____
L/R Hip(buttocks, hip bone)____ L/R Upper leg:____ L/R Lower leg:____ L/R Foot/Toes____
L/R Neck:____ L/R Upper back:____ L/R Lower back:____ L/R tail bone:____ other:_____

Typical Overall Range of Pain average: _____ Typical Pain average over the last two weeks: _____

Quality of Life Impact of Pain

Please complete the following and indicate the area that impacts your ability to perform:

For example: 1. Any of your usual work, housework or school activities: Headaches-5 Because headaches make your usual work, housework or school activities difficult to perform.

Number system:

- 5. Extreme difficulty or unable to perform activity
- 4 Quite a bit of difficulty
- 3. Moderate Difficulty
- 2. A little bit of difficulty
- 1. No difficulty
- 0. Not applicable

1. Any of your usual work, housework or school activities: _____
2. Your usual hobbies, recreational or sporting activities: _____
3. Getting into or out of the bath/shower: _____
4. Walking between rooms: _____
5. Putting on your shoes or socks: _____
6. Getting dressed: _____
7. Buttoning your clothing: _____
8. Squatting: _____
9. Lifting an object, like a bag of groceries from the floor: _____
10. Lifting an object, like a bag to waist level: _____
11. Lifting an object, like a bag over your head: _____
12. Performing light activities around the house or work: _____
13. Performing heavy activities around your home or work: _____
14. Getting into or out of car: _____
15. Driving or riding in car: _____
16. Walking 2 blocks: _____ Walking a mile: _____
17. Going up or down 10 stairs (about 1 flight) Alternating/one at a time: _____
18. Standing for 1 hour: _____ a. How long can you stand without discomfort: _____ minutes
19. Sitting for 1 hour: _____ a. How long can you sit without discomfort: _____ minutes
20. Running on even ground: _____ Running on uneven ground: _____
21. Making sharp turns while running fast: _____
22. Hopping: _____
23. Sleeping: _____
24. Rolling over in bed: _____
25. Grooming your hair: _____
26. Standing in one spot to do things like wash dishes or prepping food: _____
27. Opening a jar: _____
28. Throwing a ball: _____
29. Reading: _____
30. Energy: _____

Things that help my pain: _____

Patient Signature: _____ Date: _____