PAIN DRAWING – VERY IMPORTANT

PATIENT S NAME _____ DATE _____

Show by marking and drawing on the front and back of the figures below where you are having any

Aching and or pain

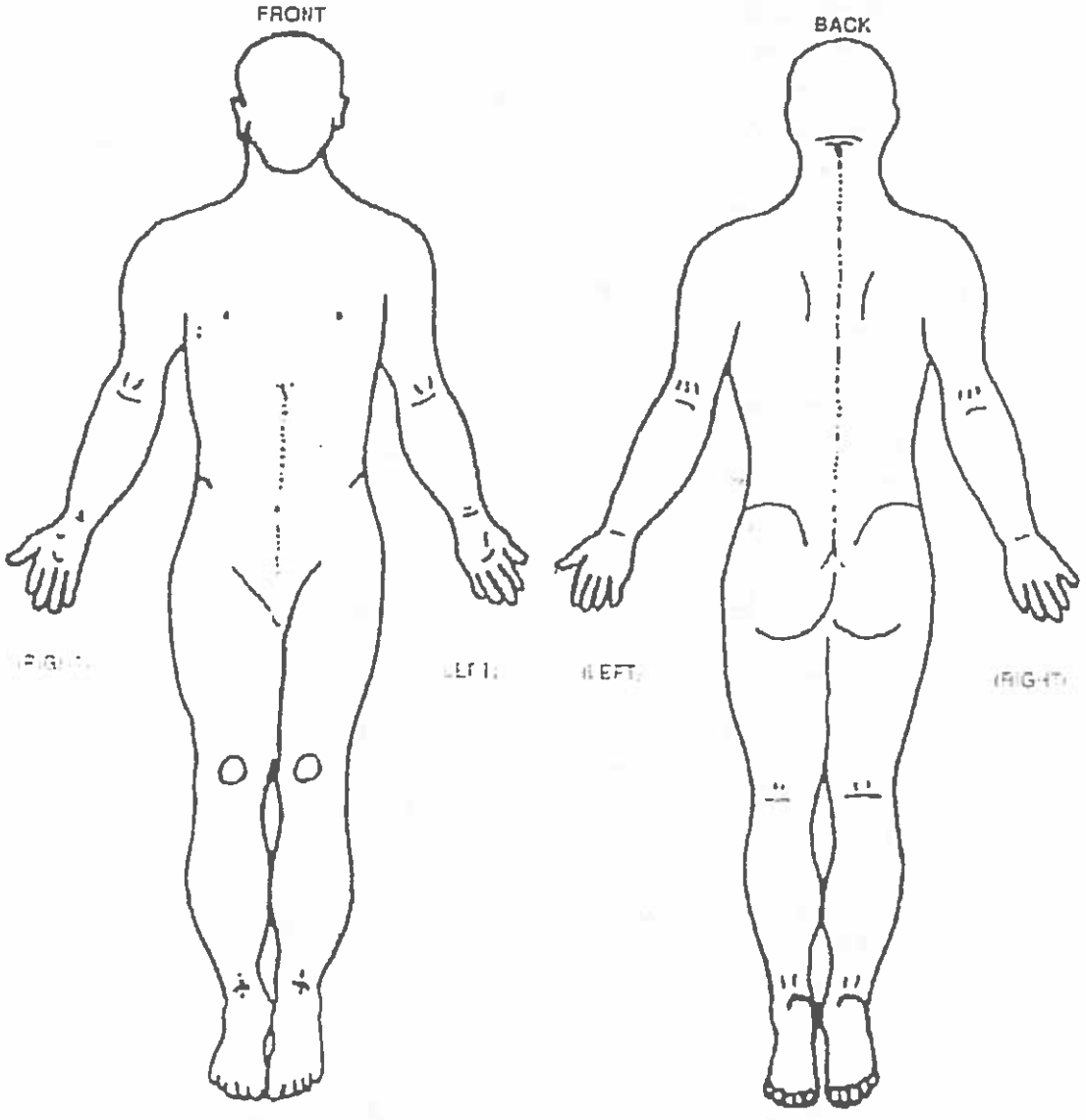
Numbness and/or tingling

Pins and or needles

Burning

Spasms and/or cramps

(Draw arrows to indicate where pain goes or shoots) Show all areas involved



Please answer the following questions based on a 0-10 pain scale (0 is no pain at all and 10 is extremely severe pain):

1) How would you rate your pain when it is at its <u>worst</u>? (0-10)_____

2) How would you rate your pain when it is at its <u>least</u>? (0-10)_____

3) What is the average level of pain you have <u>most of the time</u>? (0-10)_____

Please answer the following 4 questions about your pain as best you can. We understand that this is difficult. Choose the responses that most closely describe your pain presently.

1. HOW OFTEN ARE YOU HAVING PAIN NOW? (√ One):
   _____No pain or rarely have pain now
   _____Occasional pain (about once or twice per year or so)
   _____Recurrent pain (a few or more days at least every month if not more)
   _____Frequent pain (a few or more days at least every few weeks if not more)
   _____Very frequent pain (every week or more often; almost every day)
   _____Pain every single day (is it constant? Yes _____ No _____)

2. WHEN HAVING PAIN, IS IT GENERALLY (√ One):
   _____A mild discomfort or less
   _____A dull pain, worse at times
   _____A harder aching pain, frequently worse at times
   _____A severe pain, even sharp and shooting at times
   _____A very severe pain, frequently sharp, shooting and disabling
   _____An extremely severe and disabling pain

3. HOW IS THE PAIN NOW LIMITING YOUR JOB OR HOUSEWORK? (√ One):
   _____Not limited in any way now
   _____Pain not bad enough to really limit me very much now
   _____Able to work with pain all the time by modifying my activities
   _____Must stop and limit activities, but able to work most of the time
   _____Frequently unable to work for several or more days at a time
   _____Unable to work at all, totally disabled by pain

4. HOW IS PAIN NOW LIMITING YOUR SOCIAL, RECREATIONAL AND OTHER ACTIVITIES? (√ One):
   _____Not limited in any way now
   _____Pain not bad enough to really limit me very much
   _____Able to do most things most of the time with pain
   _____Must modify activities to control pain and not do some things
   _____Must greatly limit activities to control pain and not do most things
   _____Unable to engage in any of these activities whatsoever due to pain