

Pain Information

 Your first initial and last name

 Today's date:

Please indicate/describe the level of pain are you experiencing:
 0 Pain free. No, or negligible pain.

- 1** Very mild, or minimal, hardly noticeable.
 and: _____
- 2** Mild, low level pain.
 and: _____
- 3** Uncomfortable, mostly tolerable, I am aware of pain.
 and: _____
- 4** Moderate, interfering, constantly in pain, quite aware of it.
 and: _____
- 5** Distracting, prevents some activities I need to do, affects most.
 and: _____
- 6** Distressing, cannot think of much else, prevents most/many activities.
 and: _____
- 7** Unmanageable. I am in pain all the time. Extremely affecting.
 and: _____
- 8** Severe, I cannot think of much else, I can barely move.
 and: _____
- 9** Excruciating, unbearable, prevents movement, exhausting.
 and: _____
- 10** I am unable to move with this pain.
 and: _____

What time of day is the pain worst?

Does the pain 'move'? Yes No
 If yes, where? _____

How long does the pain typically last?

The pain is constant intermittent

The pain sensation is: a heavy feeling
 sharp/stabbing electrical/tingly
 dull and achy numbing

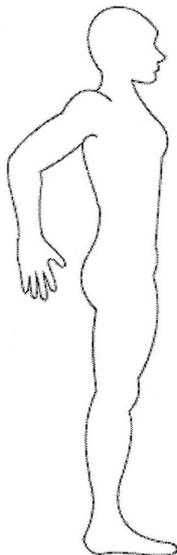
The pain feels better or worse with:

cold	<input type="checkbox"/> better	<input type="checkbox"/> worse
heat	<input type="checkbox"/> better	<input type="checkbox"/> worse
pressure	<input type="checkbox"/> better	<input type="checkbox"/> worse
physical activity	<input type="checkbox"/> better	<input type="checkbox"/> worse
rest	<input type="checkbox"/> better	<input type="checkbox"/> worse

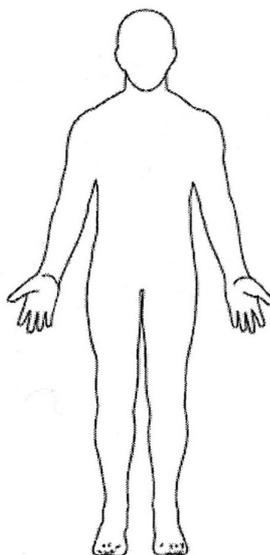
I'm also experiencing, or have experienced:

- swollen, painful and/or stiff joints
- fractures
- bone pain(s)
- tremors, twitches, and/or cramps
- loss of strength and/or muscle wasting
- numbness or tingling
- easily dislocated joints

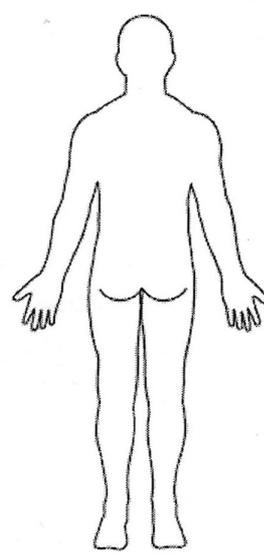
Please indicate:
 pain (P)
 tension (T)
 numbness (N)
 swelling (S)
 heat (H)
 cold (C)
 weak joints (W)
 artificial joints (A)



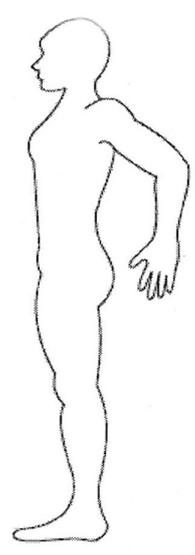
Right Side



Front



Back



Left Side