

## PAIN LOCATION, INTENSITY & FREQUENCY QUESTIONNAIRE

PATIENT NAME \_\_\_\_\_

DATE \_\_\_\_\_

### KEY

USE LETTERS BELOW TO INDICATE TYPE AND LOCATION OF DISCOMFORT

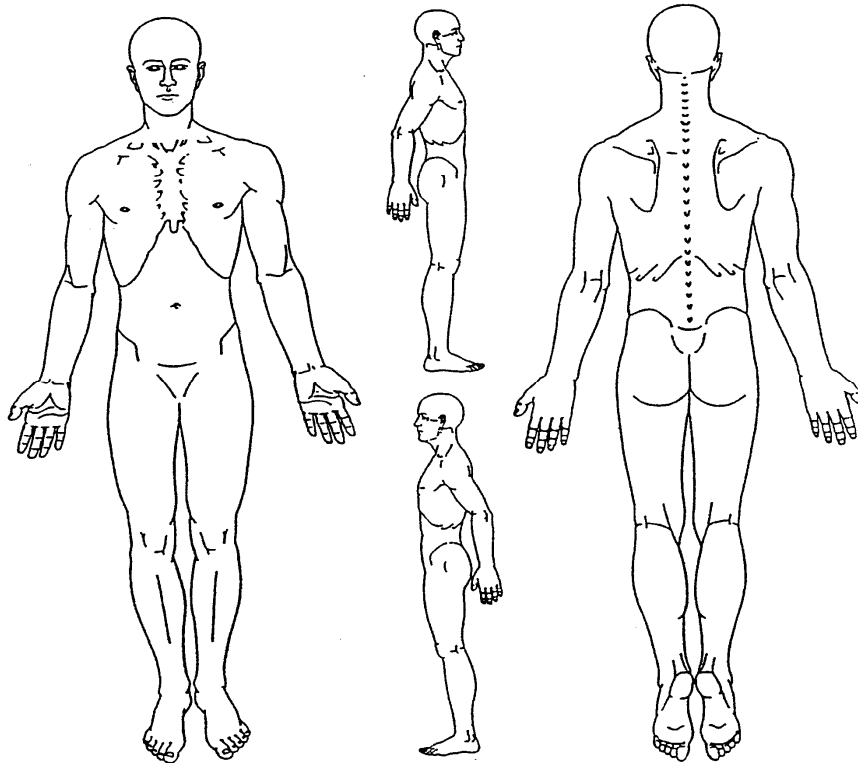
A = ACHE	B = BURNING	C = STABBING
N = NUMBING	P = PINS & NEEDLES	O = OTHER

WHAT IS YOUR CURRENT PRIMARY COMPLAINT: \_\_\_\_\_

SECONDARY COMPLAINT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PLEASE USE THE ABOVE CODES TO EXPLAIN AND LOCATE THE AREAS THAT ARE BOTHERING YOU.



PLEASE RATE THE INTENSITY & FREQUENCY OF YOUR PAIN USING 0 – 10 PAIN SCALE

(0=NO PAIN, 10=MOST SEVERE IMAGINABLE)

PRESENT PAIN LEVEL \_\_\_\_\_; AVERAGE PAIN LEVEL \_\_\_\_\_, PRESENT \_\_\_\_\_% OF THE TIME;

WORST PAIN LEVEL \_\_\_\_\_, PRESENT \_\_\_\_\_% OF THE TIME; LOWEST PAIN LEVEL \_\_\_\_\_, PRESENT \_\_\_\_\_% OF TIME.

WHAT WILL INCREASE YOUR PAIN? \_\_\_\_\_

WHAT GIVES YOU THE GREATEST RELIEF/CONTOL OF PAIN? \_\_\_\_\_

WHAT ARE YOU UNABLE TO DO BECAUSE OF YOUR PAIN? \_\_\_\_\_

\_\_\_\_\_