

PAIN LOCATION, INTENSITY & FREQUENCY QUESTIONNAIRE

PATIENT NAME _____

DATE _____

KEY

USE LETTERS BELOW TO INDICATE TYPE AND LOCATION OF DISCOMFORT

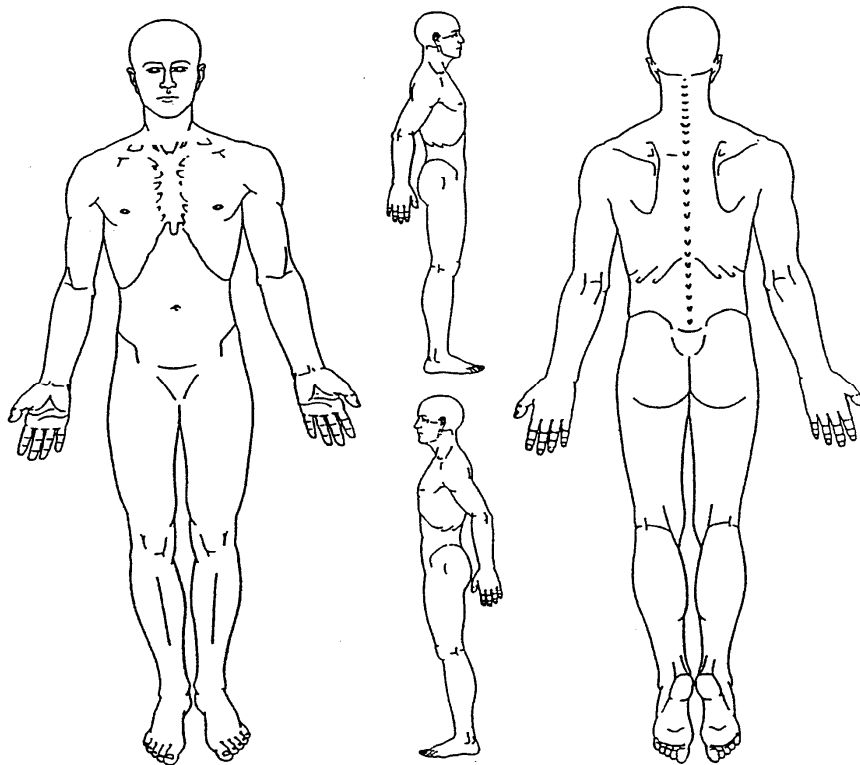
A = ACHE	B = BURNING	C = STABBING
N = NUMBING	P = PINS & NEEDLES	O = OTHER

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? _____
