

Pain Questionnaire

- ___ I can tolerate the pain I have without using painkillers.
- ___ The pain is bad but I manage without using painkillers.
- ___ Painkillers give me complete relief from pain.
- ___ Painkillers give me moderate relief from pain.
- ___ Painkillers give very little relief from pain.

Severity: Assign a number from 0 > 5 (0 = no pain. 5 = severe pain):

- Sitting ___ Sitting on the floor ___ Standing ___
- Putting weight on left/right foot ___ Getting in and out of the car ___
- Walking ___ Lying in bed/Sleeping ___ Getting out of bed ___
- Bending forward ___ Standing up straight from bending ___
- Lifting objects ___ Opening jar ___ Climbing stairs ___ Descending stairs ___
- Eating/chewing ___ Turning the head ___ Looking up or down ___ Raising the arms ___
- Reaching to scratch behind the back ___

Other activities that cause pain:

On a scale of 0-10, what is your current pain level?: Normal = 0 ___
Low Pain: 1 ___ 2 ___ 3 ___ Moderate Pain: 4 ___ 5 ___ 6 ___
Intense Pain: 7 ___ 8 ___ 9 ___ Emergency: 10 ___

Mark the areas on your body where you feel pain:

- N = Numbness
- PN = Pins & Needles
- B = Burning
- > = Stabbing, Sharp
- A = Aching
- H = Heavy
- SP = Spasming
- BR = Bruised feeling
- E = Electric sensation
- T = Tightness
- W = Weakness

