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### **Pain Questionnaire**

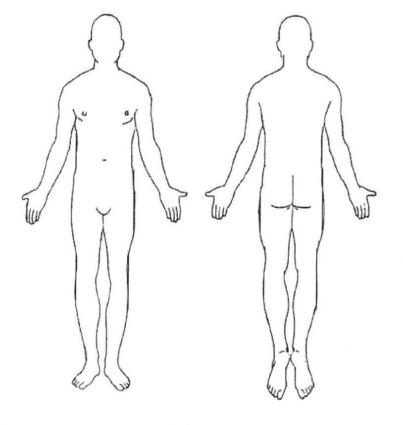
Patient Name	Age	Date	
5:			
Diagnosis		E	

This questionnaire has been designed to tell us more about your pain. This questionnaire will cover four main topics:

- 1. Where is your pain?
- 2. What does is it feel like?
- 3. How does it change with time?
- 4. How strong is it?

It is important to tell us how your pain feels now using the diagram below. Look next to the diagram to the number chart. Pick the number or numbers that represents the type of pain you are experiencing. Place those numbers on the diagram in the area where you are experiencing that type of pain.

#### Where is your pain?



#### 2. What does your pain feel like?

Place these numbers on the diagram to represent your pain:

	THE BOLL WARRENDS ASSESSED.	Market Company of the Company of the Company	574
1 flickering quivering pulsing	2 jumping flashing shooting	3 pricking boring drilling	4 sharp cutting lacerating
5 pinching pressing gnaWing cramping crushing	6 tugging pulling wrenching	7 hot burning scalding searing	8 tingling itchy smarting stinging
g dull sore hurting aching heavy	10 tender taut rasping splitting	11 tiring exhausting	12 sickening suffocating
13 fearful frightful terrifying	punishing grueling cruel vicious killing	15 wretched blinding	annoying troublesome miserable intense unbearable
17 spreading radiating penetrating piercing	18 tight numb drawing squeezing tearing	19 cool cold freezing	20 nagging nauseating agonizing dreadful torturing

Please continue and complete the questions on the second page of the questionnaire.

PAGE 1

## 3. How does your pain change with time?

On the line provided, please mark where your "pain status" was when it was at its most severe on any occasion.	No Pain		, and the second		10 Most Severe Pair
continuous rhythmic brief momentary constant intermittent transient  b) What kinds of things relieve your pain?  c) what kind of things increase your pain?  4. How strong is your pain?  On the line provided, please mark where your "pain status" is today.	0		5		10
continuous rhythmic brief momentary constant intermittent transient  b) What kinds of things relieve your pain?  c) what kind of things increase your pain?  4. How strong is your pain?  On the line provided, please mark where your "pain status" is today.	On the lir	ne provided, please mark wl	nere your "pain status" was v	vhen it was at its most seve	re on any occasion.
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continuous rhythmic brief steady periodic momentary constant intermittent transient	0				
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continuous rhythmic brief steady periodic momentary constant intermittent transient			1		
continuous rhythmic brief steady periodic momentary	b) V	What kinds of things <u>relieve</u>	your pain?		
continuous rhythmic brief					
1 2		continuous	rhythmic	brief	
		1	2	3	