

## Pain Assessment

Answer the following as they relate to the pain you are experiencing.

Today's Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Did your primary care doctor refer you? \_\_\_ yes \_\_\_ no Doctor's name? \_\_\_\_\_

- Which of these symptoms do you get?**
- \_\_\_ Tiredness in your legs when you walk
  - \_\_\_ Giving way of your leg(s) when you walk
  - \_\_\_ Weakness in your leg(s)
  - \_\_\_ Numbness or tingling in your leg(s) or feet
  - \_\_\_ Numbness or tingling in your arm(s) or hand
  - \_\_\_ Bladder symptoms of urgency or incontinence
  - \_\_\_ Weakness in your arm(s) or dropping things
  - \_\_\_ Headaches

- What started the pain?**
- \_\_\_ Auto Accident
  - \_\_\_ Fall
  - \_\_\_ Work Injury
  - \_\_\_ Lifting Injury
  - \_\_\_ Not sure
  - \_\_\_ The pain developed over time

- How long have you had the pain?**
- \_\_\_ Less than 1 month
  - \_\_\_ 1 – 3 months
  - \_\_\_ 3 – 6 months
  - \_\_\_ 6 – 12 months
  - \_\_\_ Over 1 year (Number of years \_\_\_\_\_)

**Indicate if any of these describes your pain:**

- \_\_\_ Dull \_\_\_ Deep \_\_\_ Sharp \_\_\_ Tingling \_\_\_ Burning \_\_\_ Achy \_\_\_ Stabbing

**How would you describe it when it occurs?**

- \_\_\_ Constant \_\_\_ Daily \_\_\_ Several times a day \_\_\_ Several times a week \_\_\_ With certain activities

**Do any of these make it WORSE?** \_\_\_ Lying down \_\_\_ Walking \_\_\_ Stairs \_\_\_ Bending over \_\_\_ Coughing  
\_\_\_ Sitting \_\_\_ Driving \_\_\_ Standing \_\_\_ Lifting

**Do any of these make it BETTER?** \_\_\_ Lying down \_\_\_ Moving \_\_\_ Walking \_\_\_ Sitting

**Which of these specialists have you seen?** \_\_\_ Physical Therapist \_\_\_ Chiropractor \_\_\_ Pain management

**Have you gotten a prescription for:** \_\_\_ Ibuprofen, Naproxen, Voltaren, Celebrex  
\_\_\_ Steroids (prednisone, Medrol, 5-10 steroid pack)

**How bad is the pain?** Not bad at all > 1 2 3 4 5 6 7 8 9 10 < Unbearable

# Pain Diagram

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE USE THE APPROPRIATE SYMBOL TO MARK AREAS OF YOUR BODY WHERE YOU FEEL THE DESCRIBED SENSATIONS APPLY. MARK AREAS OF SYMPTOMS RADIATING AND INCLUDE ALL AFFECTED AREAS.

NUMBNESS: =====

PINS & NEEDLES: 00000

PAIN: XXXXX

ACHING: /////

