

PAIN DIAGRAM / QUESTIONNAIRE

DATE _____

LAST NAME _____

FIRST _____

M / F _____

1. My pain is:

- | | |
|--|--|
| <input type="checkbox"/> 100% Neck or Back Pain
<input type="checkbox"/> 100% Arm/Shoulder or Leg/ Buttock Pain | <input type="checkbox"/> 50% Neck or Back Pain, 50% Arm/Shoulder or Leg/ Buttock Pain
<input type="checkbox"/> 75% Neck or Back Pain, 25% Arm/Shoulder or Leg/ Buttock Pain
<input type="checkbox"/> 25% Neck or Back Pain, 75% Arm/Shoulder or Leg/ Buttock Pain |
|--|--|

2. My current pain problem developed:

- Gradually over time Suddenly
 On the job injury:
 Motor vehicle accident: Other:

3. My current pain problem began (date): _____

4. I have had similar pain problems that began:

5. My pain is best described as (check all that apply):

- Constant Intermittent
 Dull Aching Lower back stiffness Throbbing Burning cramping
 Sharp Shooting Stabbing Electrical

6. My pain is worse with (check all that apply):

- Bending forward Bending backward
 Sitting Standing Walking Laying down
 Looking up Looking down
 Turning left Turning right
 Reaching / lifting Pushing / pulling
 Coughing / sneezing

7. My pain is better with:

- Lying down Sitting Standing Changing positions
 Therapy
 Pain meds
 Ice Heat
 Nothing

8. I have numbness (tingling, thickness, pins and needles, etc.):

- All the time Sometimes
 Never If yes, where? _____

9. I have weakness:

- All the time Sometimes Never
 If yes, when and where? _____

10. pain intensity which number would describe your pain?

	0	1	2	3	4	5	6	7	8	9	10
Today Pain level	/10			Worst Pain			/10				
	NONE(0)			MILD (1-3)			MODERATE (4-6)			SEVERE (7-10)	

11. I have tried the following treatments for my pain
(Check all that apply and circle those that helped):

- Physical Therapy Massage Traction
 Home/gym exercises Acupuncture
 Spinal Injections Spinal Surgery
 Manipulation (e.g. manual therapy, chiropractic)

12. I have tried the following medications for my pain
(Check all that apply and circle those that helped):

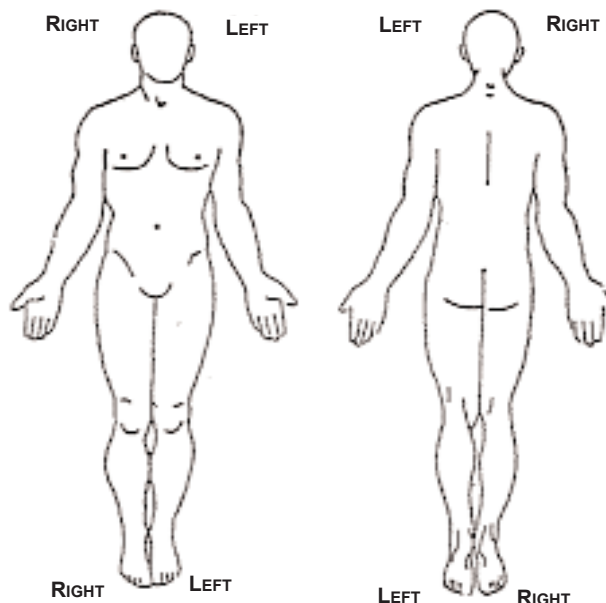
- Anti-inflammatories (eg. Motrin, Naproxen)
 Muscle relaxers (e.g. Soma, Flexeril)
 Anti seizure drugs (e.g. Neurontin, Lyrica)
 Narcotics (e.g. Percocet, Vicodin, Kadian)
 Anti-depressants (e.g. Paxil, Zoloft, Cymbalta, Effexor)

13. I have had the following tests for my current problem
(Check all that apply)

- X-rays Cat scan (CT) CT/Myelogram MRI
 EMG Bone/SPECT scan Diagnostic Spinal Injections
 (e.g. nerve block, facet/sacroiliac joint block, discogram)

LOCATION OF THE PAIN

PLEASE SHADOW IN THE AFFECTED AREA



Patient Signature _____