

# PAIN DIAGRAM / QUESTIONNAIRE

DATE

LAST NAME

FIRST

M / F

## 1. My pain is:

- 100% Neck or Back Pain
- 100% Arm/Shoulder or Leg/ Buttock Pain

- 50% Neck or Back Pain, 50% Arm/Shoulder or Leg/ Buttock Pain
- 75% Neck or Back Pain, 25% Arm/Shoulder or Leg/ Buttock Pain
- 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?

Today Pain level /10    Worst Pain /10

0 1 2 3 4 5 6 7 8 9 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)

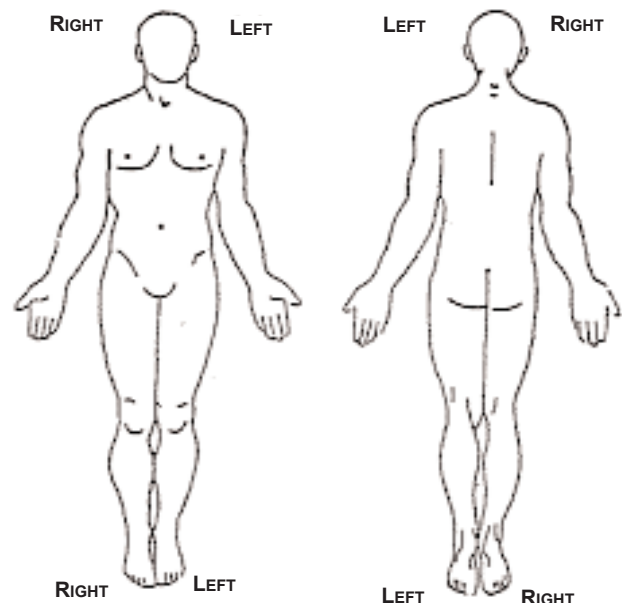
## 13. I have had the following tests for my current problem

(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