DATE :

PAIN DIAGRAM / QUESTIONNAIRE

LAST NAME FIRST NAME DOB M / F

DO YOU HAVE OPEN CASE ABOUT **WORKERS' COMPENSATION, NO-FAULT OR DISABILITY ?** ❑Yes ❑No

DO YOU HAVE PENDING SETTLEMENT ABOUT **DISABILITY, WORKERS' COMPENSATION OR A LEGAL MATTER ?** ❑Yes ❑No

1. WHERE IS YOUR PAIN OR OTHER SYMPTOMS?

❑LOWER BACK ❑NECK
❑LEG R L ❑ARM R L
❑HIP R L ❑SHOULDER R L
❑KNEE R L ❑WRIST R L
❑ANKLE R L ❑MIDDLE BACK

2. HOW LONG YOU HAD THIS PAIN?

❑YEARS__ ❑MONTHS__ ❑WEEKS__ ❑DAYS__

3. QALITY OF PAIN

❑SHOOTING ❑ELECTRICAL ❑LANCINATING ❑SHARP
❑ACHE / DULL ❑THROBBING ❑CRAMPING ❑OTHER

DOES IT ASSOCIATED WITH:

❑NUMBNESS ❑PINS & NEEDLEDS ❑BURNING
❑COLD SENSATION ❑SWELLING ❑LOSS OF USE (ARM / LEG)

4. HOW SEVERE IS YOUR PAIN?

0 1 2 3 4 5 6 7 8 9 10

NONE(0) MILD (1-3) MODERATE (4-6) SEVERE (7-10)

5 . ARE THERE ANY POSITION OR MOVEMET THAT MAKE YOUR SYMTOMS WORST?

❑SITTING ❑STANDING ❑BENDING ❑WALKING
❑LYING DOWN ❑CURL UP ❑COUGHING / SNEEZING
❑STRAINING ❑LIFTING ❑NECK MOVEMENT

6 . ARE THERE ANY POSITION OR MOVEMET THAT MAKE YOUR SYMTOMS BETTER?

❑SITTING ❑STANDING ❑BENDING ❑WALKING
❑LYING DOWN ❑CURL UP ❑NECK MOVEMENT

7. HOW OFTEN DOES THE PAIN OCCUR?

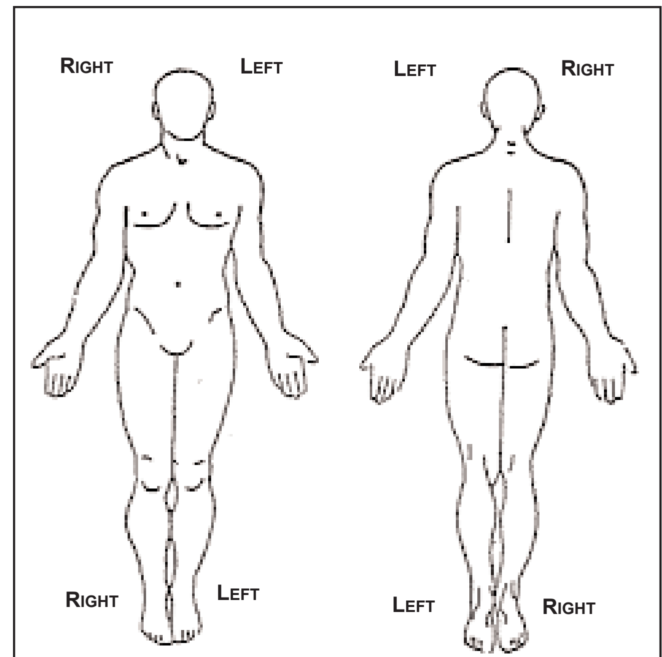
❑CONTINUOUSLY (NONSTOP) ❑ONCE OR TWICE A DAY
❑SEVERAL TIMES A DAY ❑SEVERAL TIMES PER MONTH

8. HOW HAS THE INTENSITY OF THE PAIN CHANGED THROUGHOUT THE TIMES YOU HAVE HAD IT?

❑INCREASED ❑DECREASED ❑STAYED THE SAME

LOCATION OF THE PAIN

(PLEASE SHADOW IN THE AFFECTED AREA)



9. DO YOU EXPERIENCE INCRESING WEAKNESS RELATED WITH YOUR PRESENT PAIN ? ❑YES ❑NO

WHERE ?

10. DOES THE PAIN AFFECT YOUR ACTIVITY IN THESE DIFFERENT AREAS?

❑WORK ❑SLEEP ❑HOUSEHOLD CHORES
❑SOCIAL INTERACTIONS ❑LEISURE ❑SEXUAL ACTIVITY

11. PREVIOUS TREATMENT? PLEASE CHECK ANY OF THE FOLLOWING IF YOU HAVE TRIED FOR YOUR PAIN?

❑ANTIINFLAMMATORY ❑EXERCISE PROGRAM
❑PHYSICAL THERAPY ❑CHIROPRACTIC THERAPY
❑PSYCHOTHERAPY / COUNSELING ❑TENS UNIT
❑ACCUPUNCTURE ❑SURGERY
❑EPIDURAL STEROID INJECTION ❑NERVEBLOCKS

12. PLEASE MARK THE EVENT OR EVENTS THAT LED TO YOUR PRESENT PAIN:

❑ AUTO ACCIDENT ❑WORK RELATED INJURY
❑HEAVY LIFTING ❑NO OBVIOUS CAUSE
❑FOLLOWING AN OPERATION ❑CANCER ❑OTHER INJURY

PATIENT SIGNATURE:

PLEASE TURN OVER THIS PAGE TO CONTINUE