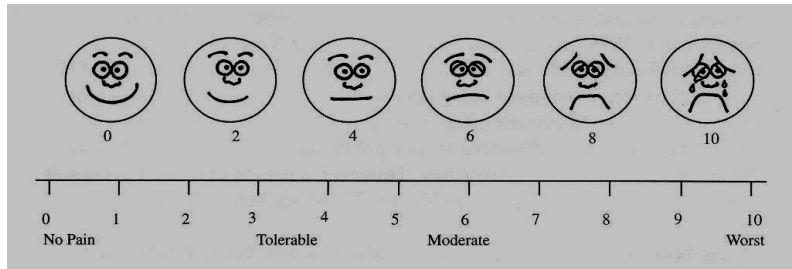


Pain Assessment Questionnaire

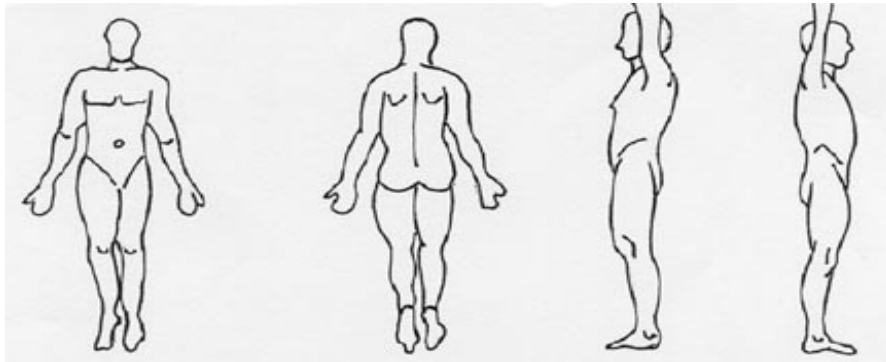
Quality: What words describe your pain or discomfort?

Aching Sharp Tingling Burning Dull
Throbbing Prickling Pressing Pulling Numb Other?

Intensity: Use the scale to identify your level of discomfort.



Location: Indicate on the figures where your pain is located.



Character: Is your pain always there or does it come and go?

Ability to sleep _____ How many hours? _____

Headaches: Y N Numbness Y N Tingling Y N

Triggers: In regards to position, activity, situation or self treatment:

What makes the pain Worse? _____

What makes the pain Better? _____

Signature: _____ Date: _____