

PAIN QUESTIONNAIRE

Name: _____ Date: _____

1. Pain History

- a. Brief history of present pain to point of origin:

- b. Prior treatment:

- c. Use of medications:

- d. Description of things that increase pain:

- e. Description of things that decrease pain:

2. Pain Description

- a. Describe typical pain:

- b. Rate average pain (1-10):
- c. Rate lowest degree of pain (1-10):
- d. Rate highest degree of pain (1-10):
- e. Overall interference of pain with life (1-10):

3. Related History

- a. Any history of sexual abuse:

- b. Any history of affective disorder:

WHAT DOES YOUR PAIN FEEL LIKE?

Some of the words below describe your present pain. Circle **ONLY** those words that best describe it. Leave out any category that is not suitable. Use only a single word in each appropriate category -- the one that applies best.

- | | | | | |
|---|---|---|--|--|
| <p>1</p> <p>Flickering
Quivering
Pulsing
Throbbing
Beating
Pounding</p> | <p>2</p> <p>Jumping
Flashing
Shooting</p> | <p>3</p> <p>Pricking
Boring
Drilling
Stabbing
Lancinating</p> | <p>4</p> <p>Sharp
Cutting
Lacerating</p> | <p>5</p> <p>Pinching
Pressing
Gnawing
Cramping
Crushing</p> |
| <p>6</p> <p>Tugging
Pulling
Wrenching</p> | <p>7</p> <p>Hot
Burning
Scalding
Searing</p> | <p>8</p> <p>Tingling
Itchy
Smarting
Stinging</p> | <p>9</p> <p>Dull
Sore
Hurting
Aching
Heavy</p> | <p>10</p> <p>Tender
Taut
Rasping
Splitting</p> |
| <p>11</p> <p>Tiring
Exhausting</p> | <p>12</p> <p>Sickening
Suffocating</p> | <p>13</p> <p>Fearful
Frightful
Terrifying</p> | <p>14</p> <p>Punishing
Gruelling
Cruel
Vicious
Killing</p> | <p>15</p> <p>Wretched
Blinding</p> |
| <p>16</p> <p>Annoying
Troublesome
Miserable
Intense
Unbearable</p> | <p>17</p> <p>Spreading
Radiating
Penetrating
Piercing</p> | <p>18</p> <p>Tight
Numb
Drawing
Squeezing
Tearing</p> | <p>19</p> <p>Cool
Cold
Freezing</p> | <p>20</p> <p>Nagging
Nauseating
Agonizing
Dreadful
Torturing</p> |

