

Preparing Your Pain Profile

- When did the pain start? _____

Was there a specific cause (e.g., a fall) or did it just seem to develop over time? _____

- Has it gotten worse with time or has it remained the same?
- Is it intermittent or constant?
Does it come in waves and then subside?
Yes No
- What does the pain feel like?

- Is there a time of day when the pain is worse? _____

Does it wake you from sleep? Yes No
Does it cause insomnia Yes No
- Have you ever had this type of pain before? Yes No
When? _____

Why? _____

- What increases the pain? Sitting? _____
Lying down? _____ Mild massage? _____
Other? _____

- Does the pain radiate to another part of your body such as your back, shoulder, or legs? _____

- How severe is the pain? on a 0 to 10 scale, with 10 being the most severe, how does this pain rate? _____

- Can you distract yourself from the pain either partially or completely? Or is the pain so intense that distraction is impossible? _____

- How does it affect the quality of your life? Have you stopped visiting friends? Are you irritable, angry, depressed? _____

- Is the pain accompanied by symptoms such as nausea, sweating, shortness of breath? _____

- Which, if any, medications have you taken? _____

Have they relieved the pain?
Completely? Yes No
Partially? Yes No
Not at all? Yes No
- Are you allergic to any pain medication? _____

- Miscellaneous comments:

