LIVING WELL

Preparing Your Pain Profile

1. When did the pain start?_____

   _____

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

   _____

   _____

2. Has it gotten worse with time or has it remained the same?

3. Is it intermittent or constant?
   Does it come in waves and then subside?
   Yes ☐ No ☐

4. What does the pain feel like?

   _____

   _____

5. 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 ☐

6. Have you ever had this type of pain before? Yes ☐ No ☐
   When?_____

   _____

   Why?_____

   _____

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

   _____

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

   _____

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

   _____

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

    _____

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

   _____

   _____

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

   _____

   _____

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

   _____

   _____

   Have they relieved the pain?
   Completely? Yes ☐ No ☐
   Partially? Yes ☐ No ☐
   Not at all? Yes ☐ No ☐

14 Are you allergic to any pain medication?_____

   _____

15 Miscellaneous comments:

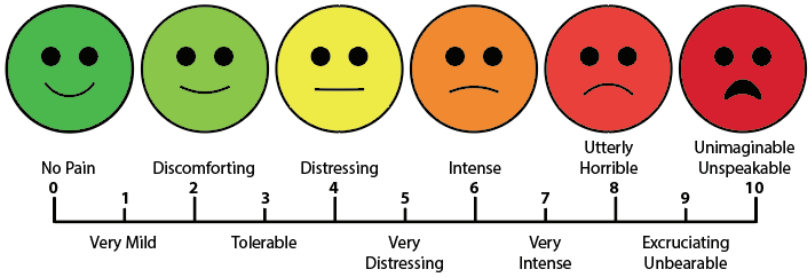
   _____

   _____

   _____

   _____

Describing Your Pain



____ Flickering	____ Stabbing	____ Hot	____ Sickening	____ Piercing
____ Quivering	____ Sharp	____ Burning	____ Suffocating	____ Tight
____ Throbbing	____ Cutting	____ Scalding	____ Fearful	____ Numb
____ Beating	____ Lacerating	____ Searing	____ Frightful	____ Drawing
____ Pounding	____ Pinching	____ Tingling	____ Terrifying	____ Squeezing
____ Jumping	____ Pressing	____ Itching	____ Punishing	____ Tearing
____ Flashing	____ Gnawing	____ Smarting	____ Grueling	____ Cool
____ Intense	____ Splitting	____ Stinging	____ Cruel	____ Cold
____ Shooting	____ Cramping	____ Dull	____ Vicious	____ Freezing
____ Pricking	____ Crushing	____ Sore	____ Killing	____ Nagging
____ Boring	____ Tugging	____ Hurting	____ Wretched	____ Nauseating
____Drilling	____ Pulling	____ Aching	____ Blinding	____ Radiating
____ Agonizing	____ Wrenching	____ Heavy	____ Annoying	____ Spreading
____ Dreadful	____ Penetrating	____ Tender	____ Troublesome	____ Exhausting
____ Rasping	____ Torturing	____ Taut	____ Miserable	____ Tiring

Questions to ask my doctor: