Pain Evaluation

1. When was the very first time you ever had this problem? _____

2. Did your pain begin □ gradually? □ suddenly?

3. What were the circumstances of this first onset of pain?
   □ work injury, □ car accident, □ a fall, □ lifting, □ sports injury, □ nothing specific,
   □ other _____

4. How often do you have episodes of severe pain? _____

5. Are your episodes of pain becoming □ more frequent? □ more severe? □ staying the same? □ getting better?

6. How severe is your pain on a typical day? Please Circle.

0 1 2	3 4	5 6 7	8 9 10
None	Mild	Moderate	Severe

7. Is the pain better, worse, or no change with the following:

	Better	Worse	No Change
Standing	□	□	□
Walking	□	□	□
Laying down	□	□	□
Sitting	□	□	□
Are active	□	□	□
Looking up	□	□	□
Looking down	□	□	□
Sneezing	□	□	□
In the morning	□	□	□
At night	□	□	□
At rest	□	□	□
Heat	□	□	□
Cold	□	□	□
Turning right	□	□	□
Turning left	□	□	□
Driving	□	□	□

8. Do you have pain in your arms? □ no □ yes If yes, □ right, □ left, □ both

9. Do you have pain in your legs? □ no □ yes If yes, □ right, □ left, □ both

10. Do you have any weakness? □ no □ yes If yes, where: _____

11. Difficulty controlling your bladder or bowels? □ no □ yes If yes, how long? _____

12. Have you received treatment for this problem? □ no □ yes (medicine, therapy, brace/corset, etc.) _____

13. Does your pain limit or prevent you from working? □ no □ yes
14. Are you currently on disability for this problem? _____
15. When did you last work? _____

16. Does your job require the following:
    □ Prolonged Sitting
    □ Walking Distances
    □ Climbing, □ Bending, □ Standing
    □ Driving

    □ Lifting

    □ 0 – 10 lbs.
    □ 10 – 20 lbs.
    □ 20 – 50 lbs.
    □ over 50 lbs.

Signature of Patient: _____ Reviewed: _____ Date: _____

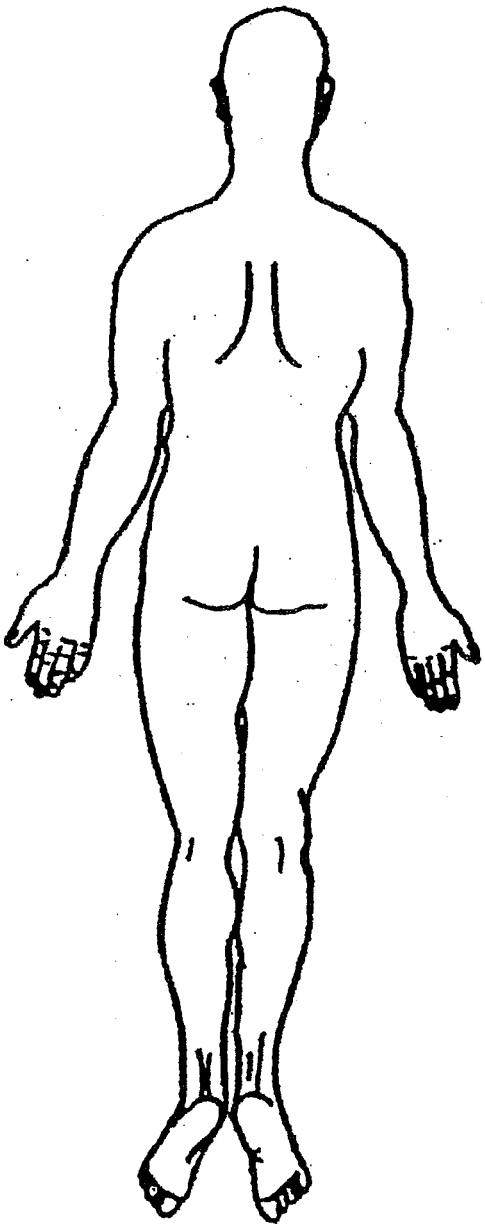
(OVER)

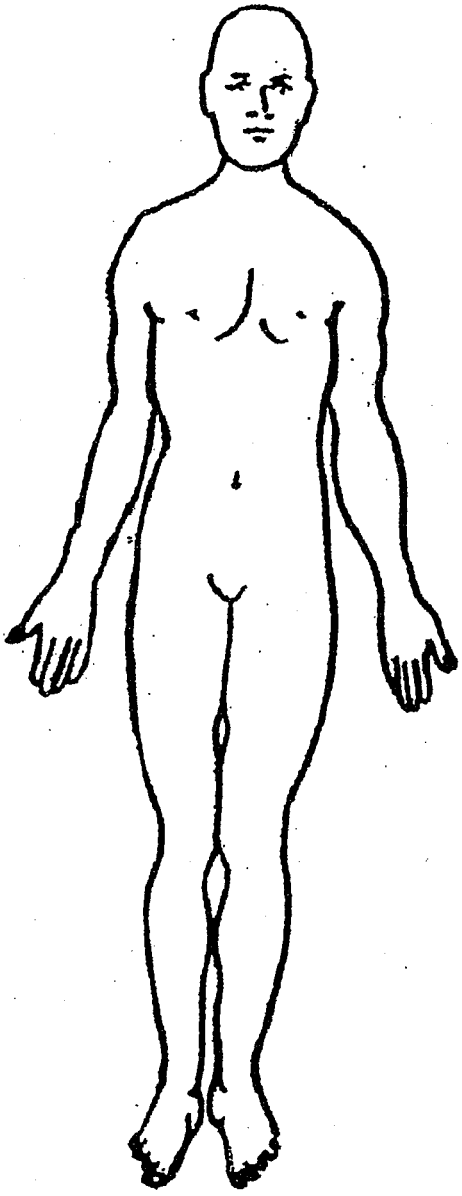
Name: _____ **SPINE AND SPORTS PHYSICIANS**

Date: _____ **PAIN EVALUATION**

Mark the areas of your body where you feel the described sensation. Use the appropriate symbol. Mark areas of radiation. Include all affected areas.

	====		oooo		xxxx		////		zzzz
Numbness	====	Pins and	oooo	Burning	xxxx	Stabbing	////	Chronic	zzzz
	====	Needles	oooo		xxxx		////	Ache	zzzz





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