

# Pain Questionnaire



I was referred by Dr. or P.A. \_\_\_\_\_

My pain started (how many?) \_\_\_\_\_ weeks, \_\_\_\_\_ months, or \_\_\_\_\_ years ago.

My pain has been worse for the last (how many?) \_\_\_\_\_ weeks, \_\_\_\_\_ months, or \_\_\_\_\_ years ago.

If you have been treated by a Kaiser Permanente Anesthesiologist before today, please describe your pain since your last visit. My pain has been (please circle the response):

\*unchanged                      \*gradually improving                      \*rapidly improving                      \*gradually worsening  
\*rapidly worsening                      \*completely resolved \*intermittent  
over the last (how many?) \_\_\_\_\_ weeks \_\_\_\_\_ months, or \_\_\_\_\_ years.

My pain score (where 0 is the least and 10 the worst pain): Today \_\_\_\_\_ Worst pain \_\_\_\_\_ Least pain \_\_\_\_\_

My pain feels like (please circle the correct response/s): \*aching \*burning \*numbing \*sharp \*tearing  
\*stabbing \*throbbing \*dull \*radiating \*other \_\_\_\_\_

The following activity/motion aggravates my pain: (please circle the correct response/s):  
\*bending \*walking \*lying \*crouching \*sitting \*lifting \*reaching \*twisting \*standing  
\*other: \_\_\_\_\_

The following relieves my pain (please circle the correct response/s): \*NSAIDS \*acetaminophen \*rest  
\*heat \*ice \*topical ointments \*muscle relaxants \*narcotics \*standing \*lying  
\*pressure \*physical therapy \*nothing \*other: \_\_\_\_\_

My pain is located (please circle the correct response/s):  
In my: \*low back \*mid back \*upper back or \*neck, on the \*right \*left or \*midline  
I also have pain in my: \*buttock \*hip \*thigh \*groin \*knee \*calf \*ankle  
\*foot \*shoulder \*upper arm \*lower arm \*hand, on the \*right or \*left

Please circle the correct response:  
I \*have or \*have not had similar symptoms in the past.  
I \*have or \*have not had spinal surgery in the past.  
Type of surgery: \_\_\_\_\_ Surgery date: \_\_\_\_\_

I take blood thinners such as (circle medication/s):  
Coumadin (warfarin), heparin, Plavix (clopidogrel), Aggreno (aspirin/dipyridamole),  
Lovenox (enoxaparin), Ticlid (ticlodipine), Other \_\_\_\_\_

Do you have any of the following symptoms or illnesses? (Please circle your answer)

Persistent fevers	Yes	No	Allergy to latex	Yes	No
Major muscle weakness	Yes	No	Diabetes	Yes	No
Bladder or bowel dysfunction	Yes	No	HIV/AIDs	Yes	No
Unrelenting pain at night	Yes	No	Hepatitis history	Yes	No
History of major trauma	Yes	No	Bleeding disorders	Yes	No
Allergy to iodine	Yes	No			