

Preparing for 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? (Refer to Pain profile description list) _____

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 0-10 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 or 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 sensitive or allergic to any pain medication? _____

15. Miscellaneous comments _____

