

Colin McInnes, M.D.

## Pain Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age \_\_\_\_ Sex:  Male  Female Dominant Hand:  Right  Left Diagnosis \_\_\_\_\_

**1. Pain is difficult to describe. Check the words that best describe your symptoms:**

- Burning     Throbbing     Aching     Stabbing     Tingling     Twisting     Squeezing  
 Cramping     Cutting     Shooting     Numbing     Vague     Stinging     Indescribable  
 Pulling     Smarting     Pressure     Coldness     Dull     Other \_\_\_\_\_

**LEVEL OF SYMPTOMS**

Check to indicate the level of your pain, with zero being no pain and 10 the most severe pain you can imagine having.

**2. Mark your average level of pain in the last month:**

\_\_\_\_\_

No Pain Most Severe Pain

**3. Mark your worst level of pain in the last week:**

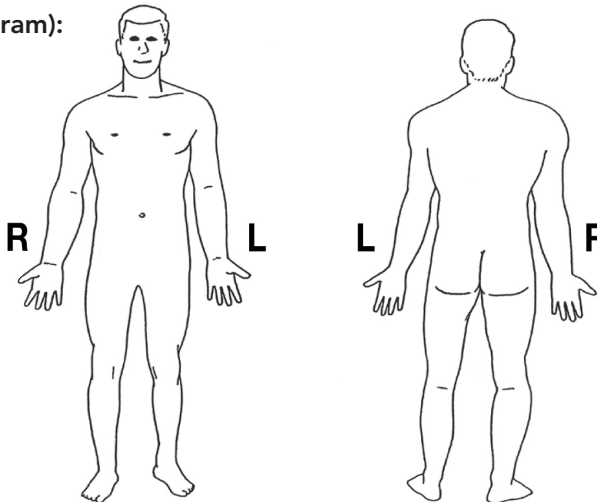
Right \_\_\_\_\_

No Pain Most Severe Pain

Left \_\_\_\_\_

No Pain Most Severe Pain

**4. Where is your pain? (Draw on diagram):**



**5. Mark on this scale how your pain has affected your quality of life:**

\_\_\_\_\_

0% (Not at All) 100% (A Large Amount)

**6. Mark on this scale how sad you are:**

\_\_\_\_\_

0% (Not at All) 100% (A Large Amount)

**7. Mark on this scale how depressed you currently feel:**

\_\_\_\_\_

0% (Not at All) 100% (A Large Amount)

**8. Mark on this scale how frustrated you currently feel:**

\_\_\_\_\_

0% (Not at All) 100% (A Large Amount)

**9. Mark on this scale how angry you currently feel:**

\_\_\_\_\_

0% (Not at All) 100% (A Large Amount)

10. Mark on this scale how hopeful you are:

-----	
0% (Not at All)	100% (A Large Amount)

11. Mark your average level of stress in the last month:

At Home	0	-----	10
At Work	0	-----	10
		-----	
		-----	

12. How often do you awaken from sleep due to pain?

13. Are you involved in any legal action regarding your physical complaint?