

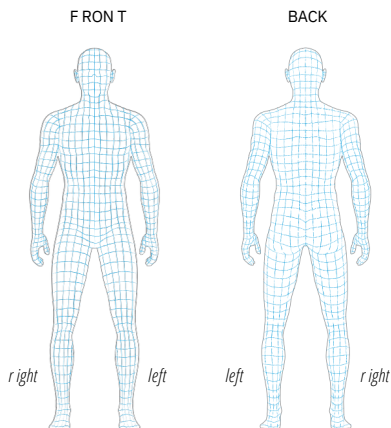
Chronic Pain Assessment Sheet

Name: _____

Date: _____

This series of questions can help you identify the symptoms of chronic pain. Answer the questions below and bring this assessment to your next appointment with your doctor. The information collected in this assessment is for educational purposes and is not intended to replace discussions with your doctor.

1. Shade in the area(s) where you feel pain.

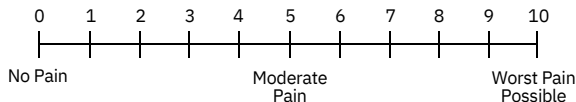


2. Which of the following describes your pain? (check all that apply)

Difficult to describe	Sharp
Stabbing	Tingling/numbness/pins and needles
Burning	Aching
Prickly	Shooting

Other _____

3. Rate your pain on the following scale:



4. Have you tried any of the treatment options listed below to help manage your pain? (check all that apply)

Heat/ice pads	Over the counter medication	Physical therapy, acupuncture, massage
Topical pain relievers		
Prescription medication (opioid, etc.)	Targeted injections	Therapy, acupuncture, massage

5. Approximately how long have you been experiencing pain? 6. How is your pain impacting your life? (check all that apply)

Less than 6 months	6–12 months	Ability to work	Ability to socialize
1–3 years	3 years or longer	Ability to exercise	Ability to sleep
		Ability to perform household chores	Mood
		Other (describe the impact)	_____