



Write the number representing the pain intensity (0-10) below and mark the area of pain on the drawing.

(0= No pain, 10= Worst imaginable pain)

Head \_\_\_\_\_, Neck \_\_\_\_\_, Upper back \_\_\_\_\_, Mid-back \_\_\_\_\_,  
Low back \_\_\_\_\_, Chest \_\_\_\_\_, Abdomen \_\_\_\_\_,  
R/L buttocks \_\_\_\_\_, R/L upper/lower extremity \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pain Quality (Please Circle)**

1. Throbbing, Shooting, Stabbing, Sharp, Cramping, Burning, Aching, Stiffness, Heavy, Tender, Splitting, Numbness, Tingling
2. Tiring, Exhausting, Sickening, Fearful, Punishing-Cruel

**Mood:** Good \_\_\_\_\_ Depressed \_\_\_\_\_ Irritated \_\_\_\_\_  
**Appetite:** Good \_\_\_\_\_ Bad \_\_\_\_\_  
**Sleep:** Good \_\_\_\_\_ Bad \_\_\_\_\_ Pain wakes me \_\_\_\_\_ times/night

**Pain Intensity (CIRCLE ONE ONLY)**  
1-Mild  
2-Discomforting  
3-Distressing  
4-Horrible  
5-Excruciating

Instructions: Circle one number one each line:	Limited A Lot		Limited A Little		Not Limited	
	5	4	3	2	1	0
Dress and bathe self	5	4	3	2	1	0
Bend, kneel or stoop	5	4	3	2	1	0
Lift and carry groceries	5	4	3	2	1	0
Walk one block	5	4	3	2	1	0
Walk several blocks	5	4	3	2	1	0
Walk more than a mile	5	4	3	2	1	0
Climb a flight of stairs	5	4	3	2	1	0
Climb several flights of stairs	5	4	3	2	1	0
Moderate activities such as vacuuming, golf, bowling, moving a table	5	4	3	2	1	0
Vigorous activities such as running or lifting heavy objects	5	4	3	2	1	0
Perform one's job	5	4	3	2	1	0

Patient Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Relief Scale (after last treatment)**

No Relief | 50% Relief | Complete Relief

**Relief Scale (overall improvement)**

No Relief Of Pain | 50% Relief | Complete Relief Of Pain

**How long did your relief last?** \_\_\_\_\_  
Overall **Function:** Better \_\_\_\_\_ Worse \_\_\_\_\_ Same \_\_\_\_\_  
Pain **Intensity:** Decreased \_\_\_\_\_ Increased \_\_\_\_\_ Same \_\_\_\_\_  
Pain **Duration:** Shorter \_\_\_\_\_ Longer \_\_\_\_\_ Same \_\_\_\_\_  
Pain **Localization:** No changes \_\_\_\_\_ Changed \_\_\_\_\_  
Pain **Character:** Same \_\_\_\_\_ Different \_\_\_\_\_  
Describe changes: \_\_\_\_\_  
\_\_\_\_\_

Office Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

BP \_\_\_\_\_ / \_\_\_\_\_  
PR \_\_\_\_\_ PO2 \_\_\_\_\_