Where is your pain?

Please mark the figure below in the areas that you have pain.
Use the following symbols to indicate the quality of pain in each location:

On a scale of 1-100 (illustrated below), please indicate:

Your current level of pain: ___________
The worst level of pain you experience: ___________
The best level of pain control you achieve with current management: ___________
Characterizing the Pain

Quality

Please describe the quality of the pain in your own words: ____________________________________________
_____________________________________________________________________________________

OR

Put a checkmark next to any of the following descriptions that apply:

- □ Shooting  □ Sharp  □ Lacerating  □ Pinching  □ Cramping
- □ Stabbing  □ Tugging  □ Pulling  □ Hot  □ Burning
- □ Throbbing  □ Tingling  □ Itchy  □ Stinging  □ Dull
- □ Beating  □ Tender  □ Tiring  □ Exhausting  □ Sickening
- □ Pounding  □ Grueling  □ Vicious  □ Intense  □ Unbearable
- □ Lancinating  □ Tight  □ Cold  □ Squeezing  □ Tearing

Radiation

Does the pain radiate from one spot to another? If so, from where to where? ________________________
_____________________________________________________________________________________

Timing

Please characterize the timing of your pain. You can indicate a combination if appropriate.

- □ Constant
- □ Periodic (if so, indicate when it is worst: ________________________________)
- □ Transient/Brief (if so, please indicate)
  1) Duration of attacks: ________________________________
  2) Number of attacks/day: ________________________________

What makes the pain worse?

- □ Sitting  □ Standing  □ Bending over  □ Activity (please specify): _________________________
- □ Wind  □ Touching  □ Brushing Teetch  □ Eating  □ Other: ______________________________

What makes the pain better?

- □ Rest  □ Standing  □ Laying down  □ Physical therapy
- □ Pain medications (specify which): ________________________________
- □ Epidural steroid injections: ________________________________
- □ Nerve blocks (specify where, if known): ________________________________
- □ Other: ________________________________
History of the Pain

When did the pain begin? ________________________________

Did the pain come on suddenly or gradually (please circle a response)?  SUDDENLY  GRADUALLY

What were you doing when this pain began? __________________________________________________________

If the pain is due to an injury, please briefly describe the events that led to the injury: __________________________

What medications have you tried and how much did each help?

________________________________ Not at all  <50% relief  >50% relief
________________________________ Not at all  <50% relief  >50% relief
________________________________ Not at all  <50% relief  >50% relief
________________________________ Not at all  <50% relief  >50% relief
________________________________ Not at all  <50% relief  >50% relief
________________________________ Not at all  <50% relief  >50% relief
________________________________ Not at all  <50% relief  >50% relief
________________________________ Not at all  <50% relief  >50% relief
________________________________ Not at all  <50% relief  >50% relief

Have you had any surgeries or stimulator trials for this pain?

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Surgeon</th>
<th>Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Not at all  &lt;50% relief  &gt;50% relief</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not at all  &lt;50% relief  &gt;50% relief</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not at all  &lt;50% relief  &gt;50% relief</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not at all  &lt;50% relief  &gt;50% relief</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not at all  &lt;50% relief  &gt;50% relief</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not at all  &lt;50% relief  &gt;50% relief</td>
</tr>
</tbody>
</table>

Are you able to work despite the pain?  YES  NO

If not, when did you start disability? ________________________________