

Date: _____ Patient: _____ Last name: _____ First name: _____

How would you assess your pain **now**, at this moment?

0 1 2 3 4 5 6 7 8 9 10

none max.

How strong was the **strongest** pain during the past 4 weeks?

0 1 2 3 4 5 6 7 8 9 10





none max.

How strong was the pain during the past 4 weeks **on average**?



0 1 2 3 4 5 6 7 8 9 10

none max.

Mark the picture that best describes the course of your pain:

	Persistent pain with slight fluctuations	<input type="checkbox"/>
	Persistent pain with pain attacks	<input type="checkbox"/>
	Pain attacks without pain between them	<input type="checkbox"/>
	Pain attacks with pain between them	<input type="checkbox"/>

Please mark your main area of pain

Does your pain radiate to other regions of your body? yes ☐ no ☐

If yes, please draw the direction in which the pain radiates.

When did the pain start? _____

Was there any trauma or injury associated with the pain? _____

What movement or activities worsen the pain? (Ex: sitting, walking) _____

What improves the pain?(Ex: heat, ice, laying, meds) _____

What medications have you tried? _____

Have you tried any procedures or treatments for the pain?(Ex: injection/surgery/acupuncture) _____