

This Pain History Questionnaire asks specific questions about your pain. Please complete it as thoroughly as possible so that we may have the most accurate information about your condition. This will help to determine what course of treatment will be optimal.

Please describe your pain

Please tell us what you believe is the cause of the pain:

If this was an accident-related or work-related injury, please describe what happened

Please circle those words which describe your pain the best

Constant	Occasional	Unpredictable	Intermittent	Tingling	Tender
Electric Shock	Dull	Sharp	Stabbing	Tight	Numb
Throbbing	Aching	Burning	Hot	Heaviness	
Moves Around	Stays in one place	Shooting	Cramping		

Please circle those that make the pain **WORSE**

Sitting	Standing	Bending	Laying down	Twisting
Sneezing	Coughing	Lifting	Walking	Driving

Please circle those actions that make the pain **BETTER**

Heat	Ice	Medication	Rest	
Sitting	Laying Down	Bending Over	Leaning Back	Standing Upright

Please describe what is being tried now for pain relief, and how well it is working

Please describe what has been most effective to help your pain

Please tell us what has been tried in the past for pain relief, and how successful has it been. If the treatment was stopped, please tell us why.

Medications	
Physical therapy	
Surgeries	
Nerve blocks	
Pain management	
TENS unit	
Chiropractor	
Psychology	
Hypnosis	
Biofeedback	
Anything Else	

Please tell us what other specialists have you seen and what had they told you

How far did you go in formal education?

[Some High School | High School Graduate | Some College | Associate Degree | Bachelor Degree | Masters | Doctorate]

What is your Marital Status? [Single | Married | Divorced | Widowed]

How many children do you have _____

How do family members react to your pain?

What is the effect of your pain on the family?

Please describe any problems that you have had with mood or anxiety

Is there a spiritual dimension to your life?

Excluding pain, what sources of stress are there in your life?

Please describe the nature of your job. If you are not working now, please tell us when the last time that you had worked outside the house was and what your occupation was

Please Describe how satisfied you are with your present job, including how do you like what you do, how do you like your co-workers, and what accommodations has the employer made to enable you to work with your pain condition.

Are you applying or receiving any of the following
Social Security, Workman's Compensation, General Assistance, Food Stamps

Are you involved in or considering legal action for any reason, please describe

Please tell us your plans regarding returning to work, returning to school, or retraining for work?

What are your expectations of the Comprehensive Pain Management Institute?

If there was one thing that we could do to drastically improve your life, what would it be?

Is there anything else that you feel is important for us to know?
