

New Pain Worksheet

1. When did the pain start? _____

2. Where is the pain located? _____

3. Is the pain constant or intermittent? _____

4. How would you describe the pain (sharp, dull, nagging, aching, pins/needles)? _____

5. Are there any associated factors (nausea, shortness of breath, sweating, weakness, skin changes, chills, fever, loss of appetite, numbness and tingling, etc.)?

6. What makes the pain better? _____

7. What makes the pain worse? _____

8. Does the pain radiate? Where? _____
9. How severe is the pain on the following scale? _____
 0. no pain
 1. extremely mild pain
 2. very mild pain
 3. mild pain
 4. mild/moderate pain
 5. moderate pain
 6. moderate/severe pain
 7. severe pain
 8. very severe pain
 9. extremely severe pain
 10. worst pain you have every felt