

PAIN PROFILE: ASSESS YOUR PAIN

Millions of Americans have pain that limits their mobility or quality of life. For some conditions, surgery or prescription opioids (Vicodin, OxyContin, Opana, etc) may be helpful. But many conditions can be treated effectively with physical therapy. Fill out the following assessment of your pain (or for your child or family member) and take it with you the next time you meet with your physician or physical therapist to help determine the best treatment plan for you.

Where are you experiencing pain?					
Is pain interfering with your daily activities?	Y	N	Are you taking any medication for your pain?	Y	N
Is pain disturbing your sleep?	Y	N	Would you like to avoid taking opioids?	Y	N
Has your pain lasted for 90 days or more?	Y	N	Is there any history of addiction or substance abuse in your family?	Y	N
Have you ever been treated by a physical therapist?	Y	N	Have you ever had problems with addiction or substance abuse?	Y	N

5-Day Pain Diary: Fill this out before your next visit with your physician or physical therapist.

DATE	PAIN SCORE 0=NO PAIN 5=MODERATE PAIN 10=INTENSE PAIN	THE PAIN FEELS (CIRCLE ANY THAT APPLY):	THE PAIN WAS MOST SEVERE (CIRCLE YOUR ANSWER):	THE PAIN LASTED HOW MANY HOURS (CIRCLE YOUR ANSWER):	MEDICATION (PAINKILLERS) TAKEN, IF ANY:
		Sharp Throbbing Aching Dull	Morning Afternoon Night All Day	0-2 2-5 5-8 8+	
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