Pain Profile:
Assess Your Pain

Millions of Americans have pain that limits their mobility and quality of life. This pain profile can help you talk to your health care provider about how pain is affecting your life and your preferences for managing pain.

Fill this out before your next visit with your physician or physical therapist.

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

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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To find more information and a physical therapist in your area, visit **ChoosePT.com**.

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