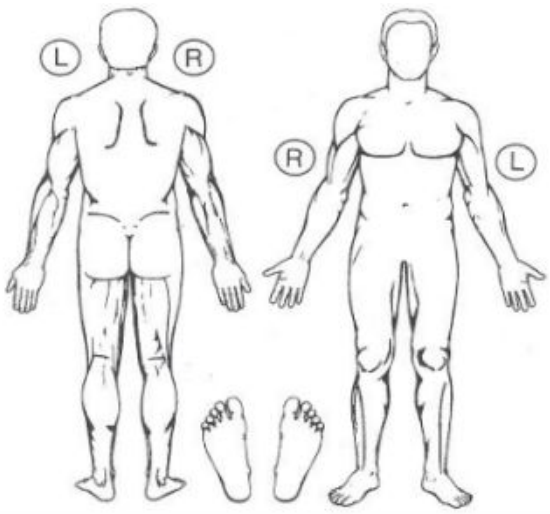
# Follow-Up Pain Assessment Tool

Date:_____ Form completed by: _____

Information Source: ▫ Patient ▫ Spouse ▫ Child ▫ Interpreter ▫ Other

1. On the diagram to the right, circle **1** or **2** areas where you feel pain the most, and label them **A** and **B**.




2. Please check off all the words that describe your pain(s):

   **NEUROPATHIC**:

   ▫ Pins & Needles ▫ Burning ▫ Painful Cold

   ▫ Electric Shock ▫ Itching ▫ Numbness/Tingling

   **NOCICEPTIVE**:

   ▫ Dull Ache ▫ Cramping ▫ Throbbing

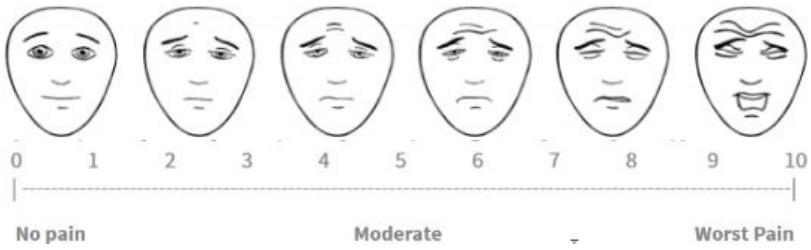
   ▫ Other _____

3. How long have you experienced pain **A** and/or pain **B**?

   PAIN A: _____ PAIN B: _____

4. Overall, how much pain are you experiencing?
   *Circle the number that describes, overall, how much pain you are experiencing from 0 (no pain) to 10 (worst pain imaginable)*

5. Using the 0-10 pain scale below, rate each of your pain(s) **in the last week:**




| Scale 0-10 | Pain A | Pain B |
|---|---|---|
| Pain at present | | |
| Pain at its worst | | |
| Pain at its least | | |
| Pain on average | | |

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6. Using the scale below, describe how your pain **in the last week** has interfered with:


| Activity | Number (0-10) |
|---|---|
| General activity | |
| Mood | |
| Walking ability | |
| Normal work (work outside the home and housework) | |
| Sleep | |
| Enjoyment of life | |

7. What medications are you currently receiving for pain? Include dose and frequency.

_____

_____

If you are taking medications for pain on an "as needed" basis, how much are you generally taking every day?

_____

Do these medications reduce your pain and how many hours do they work for?

_____

8. Has the use of pain medications caused bothersome symptoms in the past? (Nausea, vomiting, constipation, drowsiness, dizziness, unclear thinking, change in mood, disturbed sleep, dry skin, other)

_____

_____

9. Health Professional comments including concerns of aberrant drug behaviors

_____

_____

_____

10. Assessment reviewed by: _____

Proposed management: _____

Follow-up assessment scheduled for (date): _____