

Alternative Medicine Integration Initial Patient Pain Questionnaire

PATIENT FORM ■ PLEASE PRINT LEGIBLY

Today's Date: ___/___/___ SS# _____ DOB: ___/___/___

Patient Last: _____ First: _____ MI: _____

Please check all the areas you are having pain right now:

Neck Upper back / shoulders Arm / hand Headache Mid back

Low back Buttock / hip Leg / foot Other: _____

If you have more than one area of pain (example: neck and back pain), please answer the questions on this form with regard to the area of pain that is HURTING YOU THE MOST.

A. Please mark on the scale below how you rate your pain at its best:

No Pain Unbearable Pain

0	1	2	3	4	5	6	7	8	9	10
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B. Please mark on the scale below how you rate your pain right now:

No Pain Unbearable Pain

0	1	2	3	4	5	6	7	8	9	10
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C. Please mark on the scale below how you rate your pain at its worst:

No Pain Unbearable Pain

0	1	2	3	4	5	6	7	8	9	10
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Which of the following statements best describe your pain?

Dull achy nagging pain.

Dull achy nagging pain that is occasionally sharp or stabbing.

Mostly sharp or stabbing.

Mostly sensations of burning, numbness or pins and needles.

Which of the following statements best describe the location of your pain?

The pain is localized to the neck, head (if headache) or back

The pain is localized to the neck, head (if headache) or back, but occasionally:

- radiates or travels into my shoulder, upper back or upper arm, but not below my elbow; or
- radiates or travels into my buttock, hip or leg, but not below my knee.

The pain radiates or travels most of the time:

- into my shoulder, upper back or upper arm, but not below my elbow; or
- into my buttock, hip or leg, but not below my knee.

The pain radiates or travels below my elbow or knee.

Which one of the following statements best describe the frequency of your pain?

Intermittent: The pain occurs less than one fourth of the time when I am awake.

Occasional: The pain occurs between one fourth and one half of the time that I am awake.

Frequent: The pain occurs between one half and three fourths of the time that I am awake.

Constant: The pain occurs between three fourths and all of the time that I am awake.

How long have you had the pain?

Less than 6 weeks; 6 weeks to 3 months; 3 months to 12 months; greater than 12 months.

How many times in the past have you had the same or a similar pain / problem?

0 1-2 3-4 5 or more.

4 If you are bothered by neck / arm pain mostly, please complete a Neck Disability Index Questionnaire.

• If you are bothered by low back / leg pain mostly, please complete an Oswestry Low Back Pain Disability Questionnaire.

Patient's Signature: _____

DOCTOR Last Name: _____ First: _____ MI: _____