

HEALTHCORE PHYSICAL THERAPY

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Pain Questionnaire

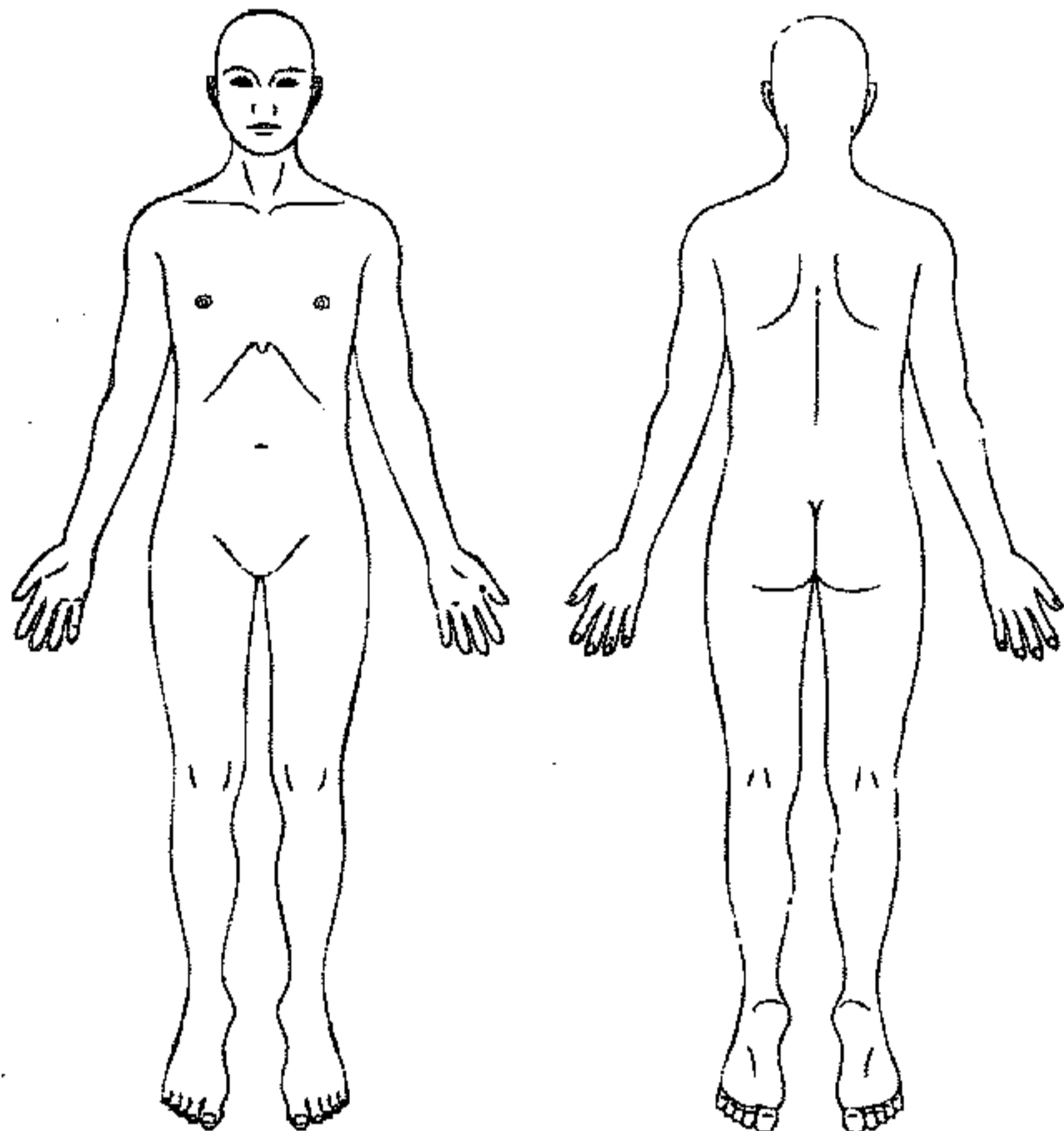
Name _____ Date _____

Indicate the quality of your symptoms (mark all that apply)

Constant Intermittent Dull Sharp Ache Other _____

is your pain worse in the:

Morning Daytime Evening At Work Other _____



Please indicate the pain type and location on the picture to the left.

xxx = pain

::: = pins and needles

/// = numbness

Comments

Rate your current pain by circling the corresponding number.
0 = no pain, 10 = pain that would send you to the ER

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
0 1 2 3 4 5 6 7 8 9 10

Pain level at best _____ Pain level at worst _____

Provoking and alleviating factors

What makes your pain better.

What makes your pain worse?

What is your realistic PT/pain goal?

Comments

Discussed/ reestablished pain goals.