

The Spine Institute



James w. Hardacker, MD

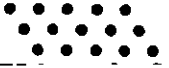


Amanda J. Hobson, PA-C

Pain Assessment

Patient: _____

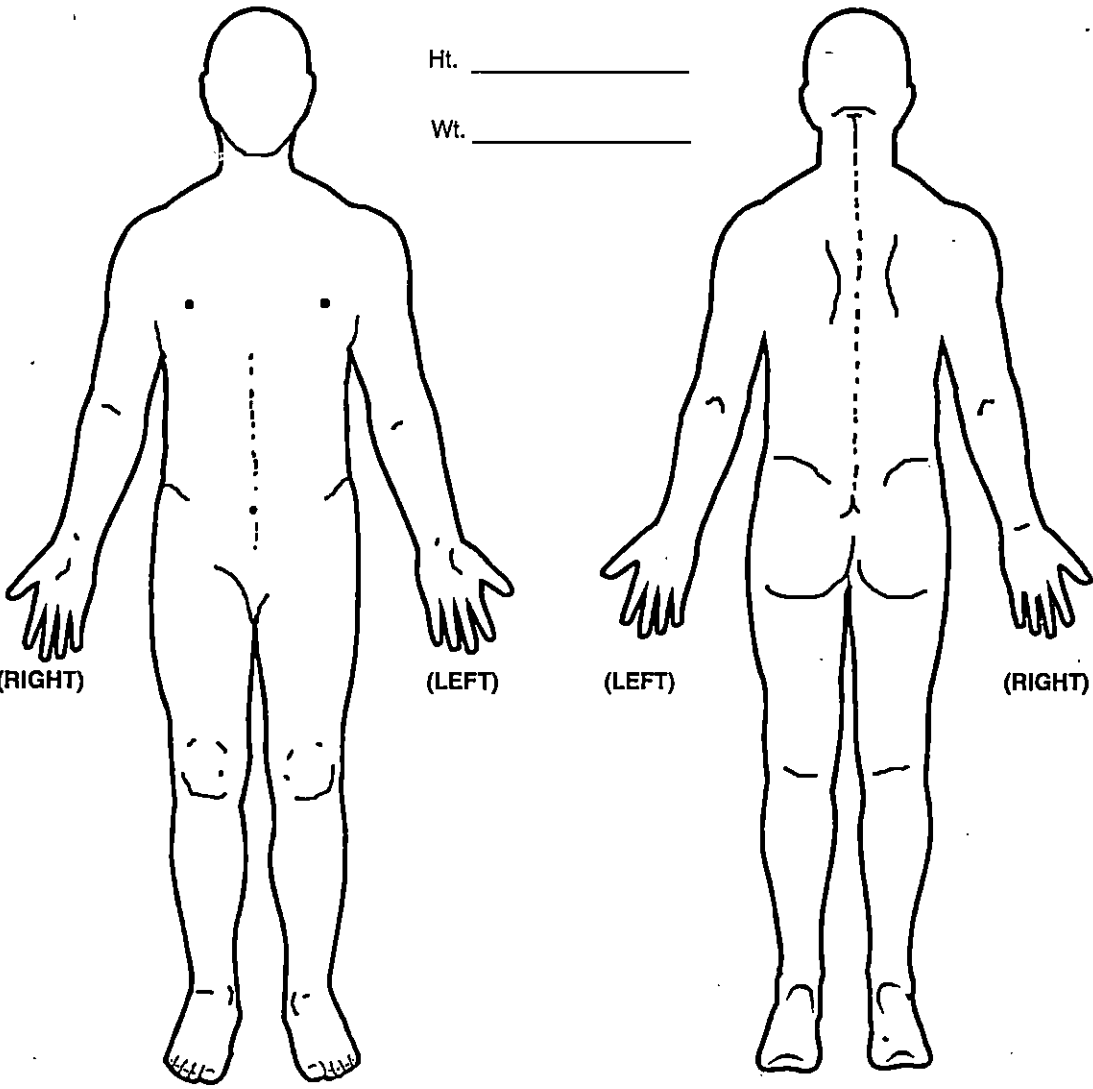
Date: _____

Aching and/or pain  Numbness and/or tingling 

Pins and/or needles  Burning  Spasms and/or cramps 

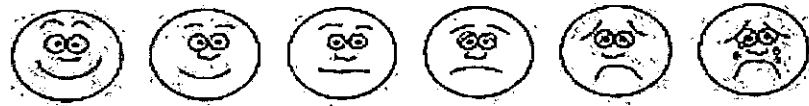
FRONT Ht. _____ **BACK**

Wt. _____



No Pain Moderate Pain Worst Pain

0 1 2 3 4 5 6 7 8 9 10



0 2 4 6 8 10

Dates returned to some work: _____ Full Duty: _____

Are you **Still off** ____, **Unemployed** ____ and/or **On Disability** ____ (please check correct box)

Please answer the following questions about your pain as best you can. Choose the responses that most closely describe your pain currently. **Check only one**

1. How **Often** are you having Pain now?

- No pain or rarely have pain now
- Occasional pain (about once or twice a year or so)
- Recurrent pain (a few days every few months or more often)
- Frequent pain (a few or more day every month or more)
- Very frequent pain (every week or more often; almost every day)
- Pain every day (Is this constant? Yes ___ No ___)

2. Is your pain **Generally**

- A *mild* discomfort or less
- A *dull* pain, worse at times
- A *harder* aching pain, frequently worse at times
- A *severe* pain, even sharp and shooting at times
- A *very severe* pain, frequently sharp, shooting and disabling
- An *extremely severe* and disabling pain

3. How is the pain **Now** limiting your *job and/or housework*?

- Not limited in any way now
- Pain is not bad enough to really limit me very much now
- Able to work with the pain all the time by modifying my activities
- Must stop and limit activities, but able to work most of the time
- Frequently unable to work for several or more days at a time
- Unable to work at all - totally disabled by pain

4. How is the pain **Now** limiting your *social, recreational and other activities*?

- Not limited in any way now
- Pain is not bad enough to really limit me very much
- Able to do most things most of the time with some pain
- Must modify activities to control pain and not do some things
- Must greatly limit activities to control pain and do most things
- Unable to engage in any of the activities whatsoever due to pain