**PAIN QUESTIONNAIRE**

Name: ____________________________________________________________  Date: ____________________

How did you hear about us? _____________________________________________________________________

Other physicians or health care providers that you have seen or are seeing (including chiropractors, etc.)

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<tr>
<th>Name/Specialty</th>
<th>Address</th>
<th>Phone Number</th>
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Where is your pain? (Circle all that apply)

- Head
- Neck
- Upper Back
- Mid Back
- Lower Back
- Shoulders
- Elbows
- Hands
- Arms
- Bones
- Wrists
- Fingers
- Buttocks
- Hips
- Thighs
- Knees
- Legs
- Calves
- Ankles
- Feet
- Toes
- Joints
- Bursae
- Ligaments
- Tendons

What makes your pain worse? (Circle all that apply)

- Exercise
- Sitting
- Standing
- Walking
- Damp Weather
- Stress
- Sex
- Fatigue
- Cold Weather
- Bending Forward

What makes your pain better? (Circle all that apply)

- Lying Down
- Sitting
- Standing
- Walking
- Heat Pads
- Ice Packs
- Physical Therapy
- Pain Medication
- Injections
- Exercise
Have you fallen down in the past six months due to weakness in your legs?  
Yes  
No

Have you fallen down in the past six months due to poor balance?  
Yes  
No

Have you been less social lately because of pain?  
Yes  
No

Are you often preoccupied with pain?  
Yes  
No

Have you been more irritable lately because of pain?  
Yes  
No

Have you been more temperamental lately because of pain?  
Yes  
No

Are you finding fewer enjoyable things to do because of pain?  
Yes  
No

Do you have trouble falling asleep because of pain?  
Yes  
No

Do you have trouble staying asleep because of pain?  
Yes  
No

Does the pain awaken you?  
Yes  
No

Is your appetite poor because of pain?  
Yes  
No

Do you have trouble with memory because of the pain?  
Yes  
No

Do you have trouble with concentration because of the pain?  
Yes  
No

Circle all assistive devices that you currently use:  (Circle all that apply)

Power Wheelchair  Manual Wheelchair  Cane  Crutches  Walker

Circle all medications that you have tried for pain relief:

Cymbalta  Lyrica  Neurontin  Gabapentin  Percocet  Hydrocodone  Norco
Morphine  OxyContin  Oxycodone  Dilaudid  Opana ER  Oxymorphone  Flexeril
Roxicodone  Fentanyl  Duragesic  Advil/Aleve  Motrin  Tramadol/Ultram  Kadian
MS Contin  Methadone  Oramorph  Nucynta  Naproxen  Mobic  Celebrex
Meloxicam  Lodine  Etodolac  Robaxin  Skelaxin  Balcofen  Zanaflex
Tizanidine  Zohydro  Ibuprofen  Aspirin  Tylenol  Codeine  Exalgo
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<th>Topical Preparations</th>
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<tr>
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