



Pain Questionnaire

Name: _____ Date: _____
Address: _____ DOB: _____
SS#: _____

The following questions will help your doctor understand you better. Please answer as best as you can.

Where is the pain? (for example: knees,, back, head). Does it seem to move anywhere else?

How and when did the pain begin?

Tell us all you can about the pain:

- What does it feel like (burning, tingling, shooting, sharp, aching)
- What time of day does it occur?
- What makes it start?
- What makes it better?
- What makes it worse?
- What else?

Tell us all you know about previous evaluations of your pain. Particularly, tell us about any X-Rays, MRI's, or other procedures done to find out the cause.

What have you been told is causing your pain?

Have you had any surgeries or procedures for treatment of your pain? Don't forget therapies and injections. If so, tell us what, where, and by whom. Also tell us how well the treatments worked.

What medications have you taken for the pain and how well have they worked?
What medicines didn't work out for you and why? (Include both prescription and over-the-counter medicines, creams and herbals. Start back when you first developed your pain problem.)

If you have any specific ideas of what should be done for your pain, please write them here.

Please list any other current medical problems:

Please list any past mental health treatment:

Have you ever attempted suicide? If so, please describe when and the circumstances:

Social History

Where did you grow up?

Who raised you? Biological / adoptive / foster / step parents /other_____, until what age?

Describe your caretakers (type of work, personality, etc):

When growing up, how many brothers: _____ and sisters: _____

List their names and current ages:

What type of relationship did you have with your parents?

What type of relationship did you have with your brothers/sisters?

How was your social adjustment growing up: Very good Good Average Not Good

Extracurricular Activities (sports, band, ROTC, etc) :

Social Activities (friends, dating, hobbies):

Education:

Years of school ____ High school diploma Years of College ____ Degrees:

Grades: very good good average below average

Did you ever repeat a year? Yes No If so, what year? .____

Describe any discipline problems in school (suspensions, police intervention, etc):

Current and Past Substance use (e.g., alcohol, marijuana, prescription drugs, etc)

<i>Substance</i>	<i>Age Started</i>	<i>Last Used</i>	<i>Frequency of Use</i>	<i>Problems Caused?</i>	<i>Treatment?</i>

Describe any past criminal charges (i.e., reckless driving, DWI, theft, assault, etc.)

<i>Legal Charge</i>	<i>Date</i>	<i>Result (incarceration, parole, etc)</i>

Work History

Are you currently employed? Yes No

What is your occupation? _____ Length of time at this job _____.

If not working, when did you last work and what did you do?

If working, describe any times in the past 12 months that your illness has caused you to miss work:

Previous Work History (start from most recent job)

<i>Position</i>	<i>Start Date</i>	<i>Duration</i>	<i>Fired?</i>	<i>Reason for Leaving</i>

Military History

Please list branch of service, start and stop dates, highest rank, any VA disability:

Marital/Relationship History:

Marital Status: Married Divorced Separated Live with partner but not married

Describe the quality of your current relationship:

Previous History (if applicable)

<i>Start Date</i>	<i>Duration</i>	<i># of Children</i>	<i>Reason for end of marriage</i>

Describe your current relationship with your children:

Who do you spend the most time with? (e.g., spouse, family, friends, etc):

Describe your current social interaction and your level of satisfaction with it:

How do you feel others in your life view you?

Describe your Hobbies / Pastimes: