

Check out your pain

If pain is interfering with your life, you may want to speak to your doctor. **Answer the questions below and share the results with your doctor.**

On a scale of 0 to 10, today my pain is: (0=no pain, 10 most pain)

0 1 2 3 4 5 6 7 8 9 10

What's meaningful to you?

My pain worsens in the:

Morning Afternoon Evening While sleeping

I would describe my pain as: (check all that apply)

Pins and needles Aching/throbbing Stabbing/shooting
 Numb Burning Sharp

| My pain interferes with my: | Yes | No |
|--|-----------------------|-----------------------|
| Sleep | <input type="radio"/> | <input type="radio"/> |
| Daily tasks such as shopping | <input type="radio"/> | <input type="radio"/> |
| Relations with other people | <input type="radio"/> | <input type="radio"/> |
| Enjoyment of life | <input type="radio"/> | <input type="radio"/> |
| I have diabetes. | <input type="radio"/> | <input type="radio"/> |
| I have or had shingles. | <input type="radio"/> | <input type="radio"/> |
| I am taking or have taken medicine for my pain: | <input type="radio"/> | <input type="radio"/> |

The medicine (s):

Help(s) me with my pain
 Help(s) for a time, then wears off too soon
 Do(es) not help me with my pain

