

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