

FAIRHOPE PHYSICAL THERAPY SERVICES
243 SOUTH GREENO ROAD, FAIRHOPE, AL 36532

PAIN QUESTIONNAIRE

Name: _____ Date: _____

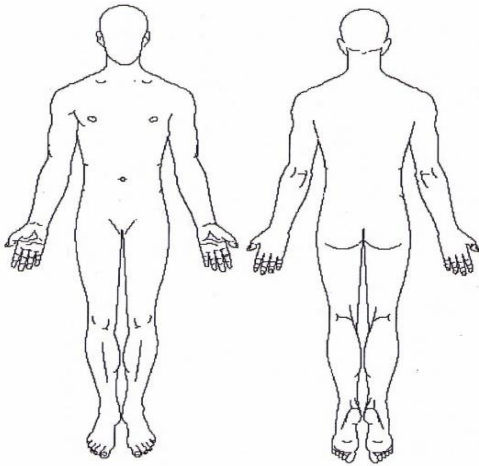
Indicate the quality of your symptoms. (Mark all that apply):

Constant Intermittent Dull Sharp Ache Other: _____

It is worse in the: Morning Daytime Evening At work Other: _____

Please indicate the type and location of your pain in the picture below:

Burning, Pinching, Stabbing, Aching, Pins and needles etc....



Rate your current pain by circling the corresponding number. Zero would be no pain. Ten would be pain that would send you to the emergency room.

0 1 2 3 4 5 6 7 8 9 10

Provoking and alleviating factors:

What makes your pain better: _____

What is your realistic pain goal?: _____