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| Name and Social Security Number | | **0603** PAGE 1 of 2 |
| Questionnaire on Pain | | | | |
| Please answer the following questions to the best of your ability. | | | | |
| **1.** | | Describe in your own words:  **A.**  When did it begin?  **B.**  Where is it located?  **C.**  Has it changed in nature and/or location since it began?  **D.**  Does it spread to other places | | |
| **2.** | | Is the pain constant?  *Yes*\_\_\_\_\_   *No*\_\_\_\_\_  If "no":  **A.**  How often does it occur?  **B.**  What brings it on?  **C.**  How long does it last? | | |
| **3.** | | Do you take any medication to relieve your pain?  *Yes*\_\_\_\_\_   *No*\_\_\_\_\_  If "yes":  **A.**  What is the medication called?  **B.**  What is the name of the doctor who prescribes the medication?   **C.**  What was the prescribed dosage?  **D.**  How much do you take?  **E.**  How often do you take it?  **F.**  How long have you been taking it?  **G.**  Does the medication relieve the pain? ?  *Yes*\_\_\_\_\_   *No*\_\_\_\_\_  How soon and for how long?    **H.**  Does it cause any side effects?  *Yes*\_\_\_\_\_   *No*\_\_\_\_\_  If yes, what are they? | | |

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| Name and Social Security Number | **0603** PAGE 2 of 2 |

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| 4. | | Have you ever taken any other kind(s) of medication?  *Yes*\_\_\_\_\_   *No*\_\_\_\_\_  If you have, what was the medication and why did you stop or change medication? | | |
| 5. | | Do you wear or use any devices to relieve the pain or its effects?  *Yes*\_\_\_\_\_   *No*\_\_\_\_\_  If so, please describe:   **A.**  Describe any other things you do or use to relieve the pain. | | |
| 6. | | What are your usual activities (walking, shopping, household chores, driving, socializing, etc.)  On a typical day?   In a typical week? | | |
| 7. | | Has the pain affected your activities?  *Yes*\_\_\_\_\_   *No*\_\_\_\_\_  If yes, please describe how: | | |
| 8. | | When did the pain first begin to affect your activities? | | |
| 9. | | Is there anyone else who has knowledge about the pain and its impact on you?  *Yes*\_\_\_\_\_   *No*\_\_\_\_\_   (Please give name(s), address, phone number) | | |
| 10. | | Please provide your height and weight:  **Height**:                 *feet*                 *inches*  **Weight**:                 *pounds* | | |
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| Form **MADDS-D0603** (09/2002) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |