Worcestershire NHS
Acute Hospitals NHS Trust

PAIN RELIEF CLINIC – PATIENT ASSESSMENT FORM (NEW PATIENT)

PATIENT'S NAME:..... CLINIC DATE:.....

In order to assess your pain problem, we would be very grateful if you would take the time to answer the following questions. If you have any problems in answering or understanding the questions, please ask for help from one of the clinical staff.

1. Please rate your pain by circling the number that best describes your pain at its **WORST** in the past week

   0 1 2 3 4 5 6 7 8 9 10
   NO PAIN PAIN AS BAD AS YOU CAN IMAGINE

2. Please rate your pain by circling the one number that best describes your pain at its **LEAST** in the past week.

   0 1 2 3 4 5 6 7 8 9 10
   NO PAIN PAIN AS BAD AS YOU CAN IMAGINE

3. Please rate your pain by circling the one number that best describes your pain on the **AVERAGE**

   0 1 2 3 4 5 6 7 8 9 10
   NO PAIN PAIN AS BAD AS YOU CAN IMAGINE

4. Please rate your pain by circling the one number that tells how much pain you have **RIGHT NOW**

   0 1 2 3 4 5 6 7 8 9 10
   NO PAIN PAIN AS BAD AS YOU CAN IMAGINE

5. Circle the one numbered that described how during the past week, **PAIN HAS INTERFERED** with your:

A. General Activity

0 1 2 3 4 5 6 7 8 9 10
DOES NOT INTERFERE COMPLETELY INTERFERES

B. Mood

0 1 2 3 4 5 6 7 8 9 10
DOES NOT INTERFERE COMPLETELY INTERFERES

C. Walking Ability

0 1 2 3 4 5 6 7 8 9 10

DOES NOT INTERFERE COMPLETELY INTERFERES

D. Normal Work (includes work both outside the home and housework)

0 1 2 3 4 5 6 7 8 9 10

DOES NOT INTERFERE COMPLETELY INTERFERES

E. Relationships with other people

0 1 2 3 4 5 6 7 8 9 10

DOES NOT INTERFERE COMPLETELY INTERFERES

F. Sleep

0 1 2 3 4 5 6 7 8 9 10

DOES NOT INTERFERE COMPLETELY INTERFERES

G. Enjoyment of Life

0 1 2 3 4 5 6 7 8 9 10

DOES NOT INTERFERE COMPLETELY INTERFERES