

Chronic Pain Follow-up: Patient Information Collection Tool

Today's date: _____

Patient Name: _____ MRN/DOB: _____

Assessment

What concerns or problems are you having with your current pain regimen?

How are you treating your pain other than with medications?

Pain Relief

If zero indicates "no pain" and ten indicates "pain as bad as it can be," on a scale of 0-10, what is your level of pain for the following questions?
(circle the appropriate number)

1. What was your pain level on average during the past week?

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as it can be

2. What number describes how, during the past week, pain has interfered with your enjoyment of life?

Does Not Interfere 0 1 2 3 4 5 6 7 8 9 10 Completely Interferes

3. What number describes how, during the past week, pain has interfered with your general activity?

Does Not Interfere 0 1 2 3 4 5 6 7 8 9 10 Completely Interferes