|  |  |
| --- | --- |
| 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? |

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

|  |  |
| --- | --- |
| 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* |
|  |
|  Form **MADDS-D0603** (09/2002) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |