

## PAIN ASSESSMENT

PAIN LEVEL	No Pain	0
	Mild	1-3
	Moderate (distressing pain bearable for some time)	4-6
	Severe (horrible pain bearable for a short time)	7-9
	Excruciating (horrible pain, unbearable for any time)	10

### Neck Pain

No Pain    
  Mild    
  Moderate    
  Severe    
  Excrutiating

### Arm Pain: Right

No Pain    
  Mild    
  Moderate    
  Severe    
  Excrutiating

### Arm Pain: Left

No Pain    
  Mild    
  Moderate    
  Severe    
  Excrutiating

### Arm Pain: Both

No Pain    
  Mild    
  Moderate    
  Severe    
  Excrutiating

### Middle Back Pain

No Pain    
  Mild    
  Moderate    
  Severe    
  Excrutiating

### Low Back Pain

No Pain    
  Mild    
  Moderate    
  Severe    
  Excrutiating

### Leg Pain: Right

No Pain    
  Mild    
  Moderate    
  Severe    
  Excrutiating

### Leg Pain: Left

No Pain    
  Mild    
  Moderate    
  Severe    
  Excrutiating

### Leg Pain: Both

No Pain    
  Mild    
  Moderate    
  Severe    
  Excrutiating

**Buttock Pain: Right**

No Pain       Mild       Moderate       Severe       Excrutiating

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**Buttock Pain: Left**

No Pain       Mild       Moderate       Severe       Excrutiating

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**Buttock Pain: Both**

No Pain       Mild       Moderate       Severe       Excrutiating

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**Do You Have Any of the Following Symptoms?****Weakness**

**Arms/Hands**       None       Left       Right       Left & Right

**Legs/Feet**       None       Left       Right       Left & Right

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**Numbness (loss of feeling)**

**Arms/Hands**       None       Left       Right       Left & Right

**Legs/Feet**       None       Left       Right       Left & Right

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**Tingling (falling asleep)**

**Arms/Hands**       None       Left       Right       Left & Right

**Legs/Feet**       None       Left       Right       Left & Right

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Is your pain worse at night?       Yes       No

Does your pain awaken you from sleep?       Yes       No

Does coughing affect your pain?       Yes       No

Does your leg tire/hurt if you walk too far?       Yes       No

*If yes, please answer the following:*

How far can you walk?       Less than 1 Block       1-3 Blocks       More than 3 Blocks

Is this relieved by resting your legs?       Yes       No

Is this relieved by bending forward?       Yes       No

Bladder control (urine):       No Problem       Can't empty bladder       Loss of urine (accidents)

Bowel Control:       No Problem       Can't empty bladder       Loss of urine (accidents)

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Patient's Initial \_\_\_\_\_