

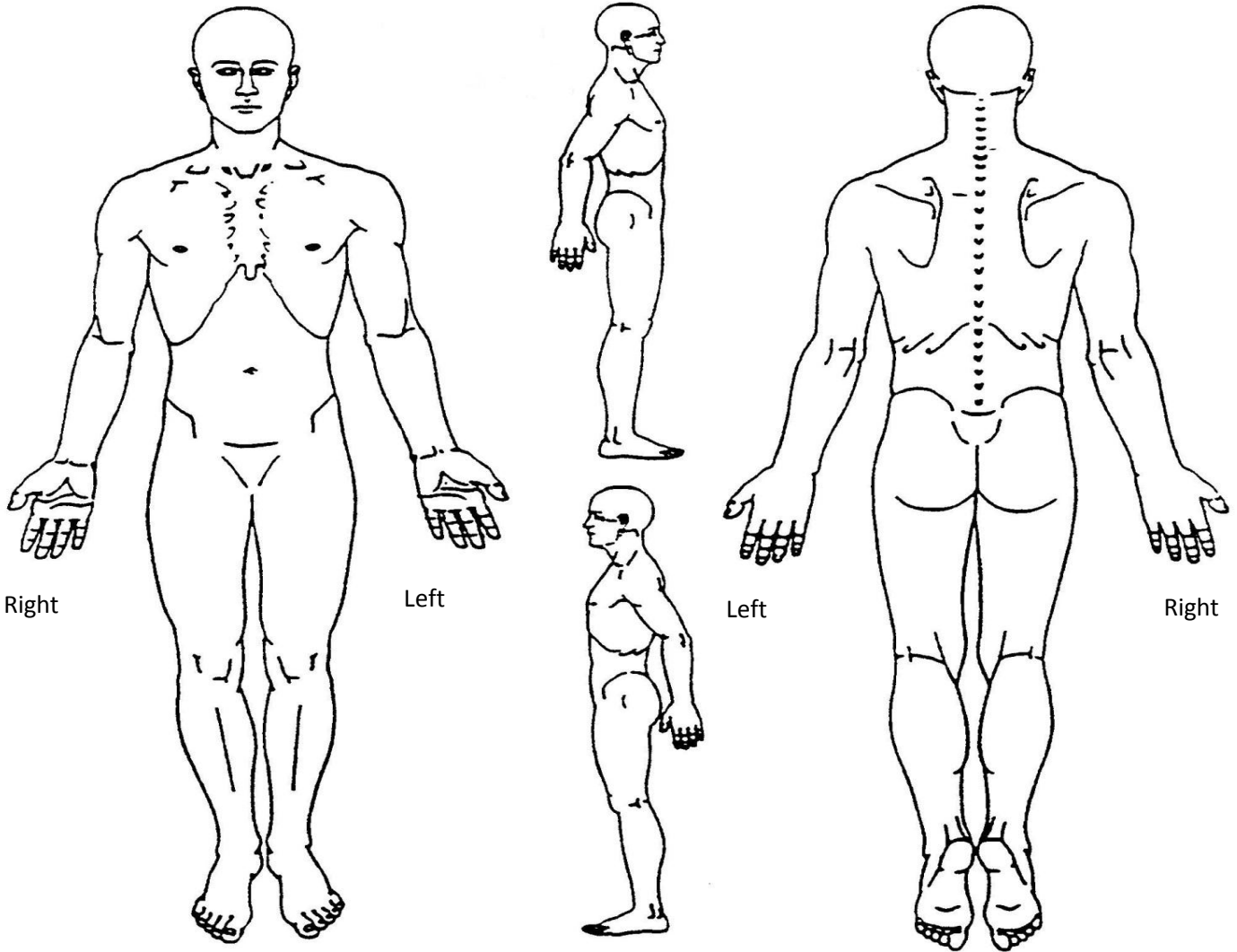
Your Name _____ Today's Date _____

Connecticut Center for Orthopedic Surgery, LLC

Pain Questionnaire

Use these symbols to indicate **what** you are feeling and **where**.

///// Stabbing pain XXXXX Burning OOOOO Pins and needles =====Numbness +++++Aching



Type of pain: sharp dull throbbing stabbing burning other _____

Duration of pain: occasional constant how long _____

When do you get this problem / pain? _____

What makes it better? _____ What makes it worse? _____

With this problem do you have numbness tingling bruising locking swelling other _____?

How intense is your pain now? No pain 0---1---2---3---4---5---6---7---8---9---10 Worst pain ever

How bad is your pain at its worst? No pain 0---1---2---3---4---5---6---7---8---9---10 Worst pain ever