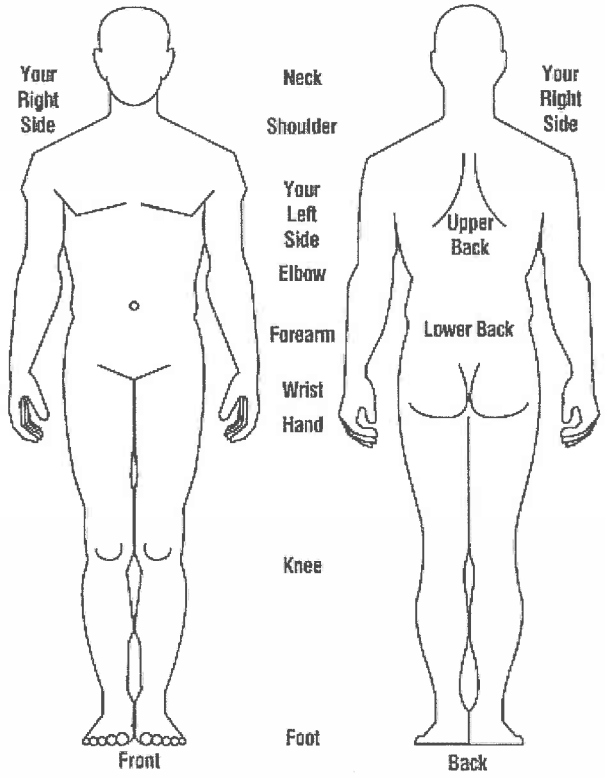
KASSIMIR PHYSICAL THERAPY, P.A.

PAIN DRAWING TOOL AND DISCOMFORT QUESTIONNAIRE

NAME: _____ **DATE:** _____

PAIN DIAGRAM: *Please shade in on this diagram where you feel your symptoms*



Please check any of the following actions that are difficult or painful as a result of your present problems:

- ☐ Bending
- ☐ Child Care
- ☐ Driving
- ☐ Feeding
- ☐ Getting in/out of bed
- ☐ Getting in/out of car
- ☐ Riding in car
- ☐ Grooming
- ☐ Writing
- ☐ Sitting
- ☐ Toilet activities
- ☐ Walking
- ☐ Running
- ☐ Shopping
- ☐ Sexual activities
- ☐ Pinching
- ☐ Gripping
- ☐ Cleaning
- ☐ Laundry
- ☐ Lifting
- ☐ Sleeping
- ☐ Other
- ☐ _____

Please list any hobbies, sports or social activities, in which you cannot presently participate due to your physical ailment, and would like to resume:

_____

_____

_____

Please list your job duties and list any physical demands, if applicable:

_____

_____

_____

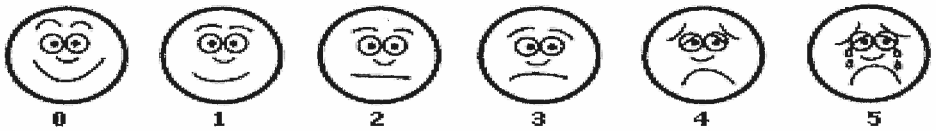
ADULTS: *Please rate your pain using the following scale. (10 = excruciating pain, enough to call 911)*

0	1 – 2	3 – 4	5 – 6	7-8	9 – 10
NO PAIN	MILD	UNCOMFORTABLE	MODERATE	SEVERE	UNBEARABLE

My pain level:

NOW: ____ **MOST** severe pain in the past 24 hours: ____ **LEAST** severe pain in the past 24 hours: ____

CHILDREN: *Please rank current level of pain on the chart below:*



0	1	2	3	4	5
NO HURT	HURTS LITTLE BIT	HURTS LITTLE MORE	HURTS EVEN MORE	HURTS WHOLE LOT	HURTS WORST
_____	_____	_____	_____	_____	_____