

Pain Detective Worksheet

Date _____ Name _____

Where is the pain?	Primary	Secondary
What were you doing when pain began?		
Date of pain onset		
Type of pain:	__dull __sharp __aching __burning __intermittent __continuous __other_____	__dull __sharp __aching __burning __intermittent __continuous __other_____
Intensity of pain today 1= no pain 10 = worst pain	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Do you have pain...	__ Sleeping? __ When you get up? __ With specific activity? __ End of the day? Specify:	__ Sleeping? __ When you get up? __ With specific activity? __ End of the day? Specify:
Which days this past week have you had pain? Use a 1-10 number to specify intensity.	___Mon ___Tues ___Wed ___Thur ___Fri ___Sat ___Sun	___Mon ___Tues ___Wed ___Thur ___Fri ___Sat ___Sun
Any unusual activity, sitting or footwear in the days preceding pain?		
Does anything help pain?		
Does anything make the pain worse? Other clues or symptoms?		

