



Pain Evaluation Questionnaire

1) What levels of pain have been experienced while engaging in various activities?

- Pain level between 0 and 2 (mild)
- Pain level between 3 and 7 (moderate)
- Pain level between 8 and 10 (severe)

2) Which option describes the pain relief produced by the last injection?

- Up to 19%
- 20-39%
- 40-59%
- 60-79%
- 80-100%

3) Have you had functional improvement from your procedure? *If yes, for how many weeks?*

4) Which of the following conservative therapies have you completed in the last six months?

- Physical therapy
- Physician or physical therapist-supervised therapeutic home exercise program
- Chiropractic care
- Acupuncture
- Massage therapy
- Anti-inflammatory medications (e.g. NSAIDs or analgesics)
- None of these apply

If yes, for approximately how many weeks? _____

5) Which of the following activities are difficult for you to perform?

- Activities of daily living (ADLs)
- Work
- School
- Home duties
- Recreational activities
- No functional impairment

6) Other comments about your pain or current condition?

Name (Printed): _____ Date of Birth: _____

Today's Date: _____ Signature: _____