ALIGN SPINE & PAIN

Pain Log
Track your pain score throughout the day by marking the appropriate box.

Pain Map
Circle or shade in the location of your pain on the body map.

Pain Questionnaire
Use these questions to help identify additional details about your pain.

Documenting **pain intensity**, **duration**, **pattern, location, description and associated factors** can provide invaluable information for both yourself and your pain management team.

960 Warsaw Road
Suite 150
Roswell, GA, 30076

(770) 988-7246

www.alignspine.com

Created by: Tom Ju, MD

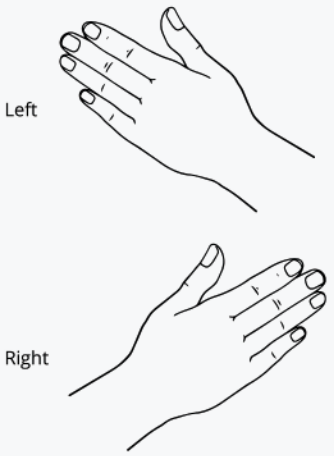
My Pain Diary

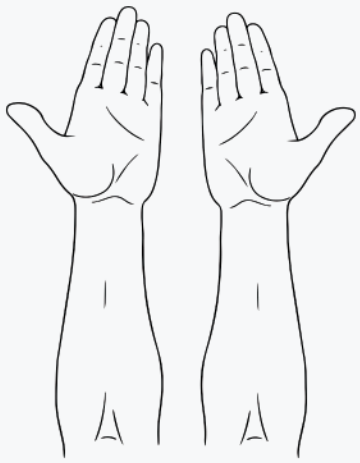
Patient _____ Date _____

Pain Score

Unbearable	10																							
	9																							
	8																							
Severe	7																							
	6																							
Moderate	5																							
	4																							
	3																							
Mild	2																							
	1																							
	0																							
		12 AM	1	2	3	4	5	6	7	8	9	10	11	12 PM	1	2	3	4	5	6	7	8	9	10	11

Dorsal aspect of hands





Palmar aspect of hands

Pain Description (☑ all that apply)

☐ Sharp ☐ Dull ☐ Burning ☐ Pressure ☐ Aching
☐ Electric ☐ Stabbing ☐ Cramping ☐ Throbbing ☐ Tingling

What makes the pain better? (☑ all that apply)

☐ Heat ☐ Ice ☐ Rest ☐ Elevation ☐ Compression ☐ Sleep
☐ Sitting ☐ Standing ☐ Stretching ☐ Lying Down ☐ Exercise
☐ Medications _____ ☐ Other _____

What makes the pain worse? (☑ all that apply)

☐ Sitting ☐ Standing ☐ Stretching ☐ Inactivity ☐ Exercise
☐ Weather ☐ Bending Forward ☐ Bending Back ☐ Mood
☐ Stress ☐ Coughing ☐ Other _____

Are you experiencing any associated symptoms? (☑ all that apply)

☐ Fever ☐ Swelling ☐ Tiredness ☐ Weakness ☐ Bladder Incontinence
☐ Nausea ☐ Vomiting ☐ Insomnia ☐ Numbness ☐ Bowel Incontinence
☐ Anxiety ☐ Depression ☐ Other _____

Which activities or functions have been limited by pain? (☑ all that apply)

☐ Working ☐ Sleeping ☐ Walking ☐ Running ☐ Sitting ☐ Standing
☐ Bathing ☐ Cleaning ☐ Cooking ☐ Exercise ☐ PT/OT ☐ Lifting
☐ Social events ☐ Other _____

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