

**VIHA REGIONAL PAIN PROGRAM  
PAIN PROGRESS FORM**

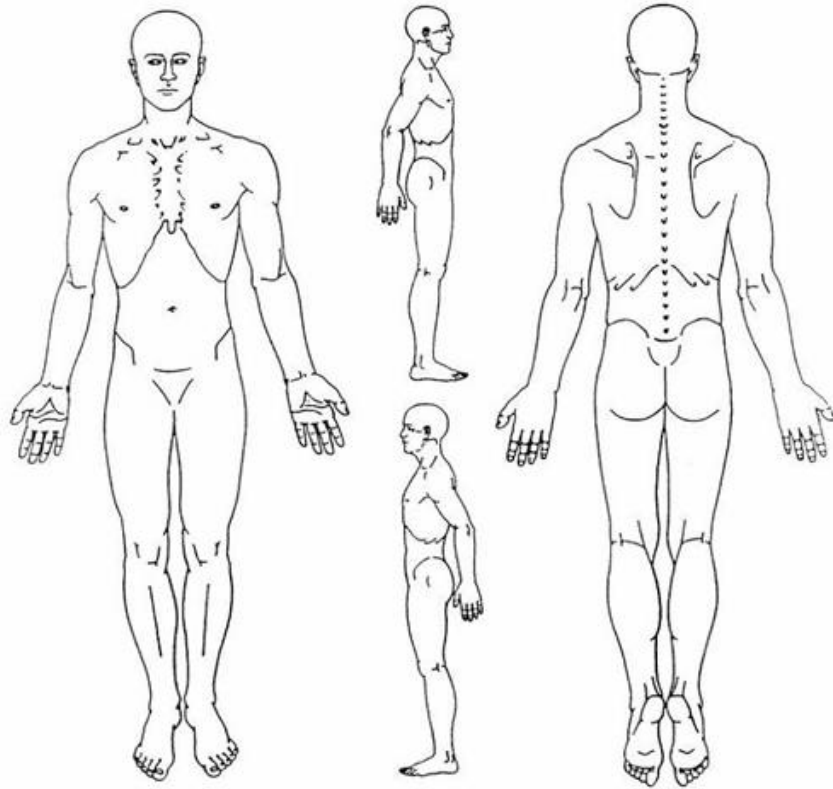
Date \_\_\_\_\_

Name \_\_\_\_\_

**Please fill out this form and bring it with you to your appointment.**

On the diagrams below:

1. Shade in the areas where you feel pain.
2. Put an "X" on the areas where it hurts the most.
3. If you have a specific TYPE of pain, use the following letters on the diagram:  
S = stabbing pain  
B = burning pain  
N = numbness  
P = pins and needles



What things make your pain feel worse?

---

---

What things make your pain feel better?

---

---

What treatments or medications are you currently receiving for your pain?

---

---

---



12. Please rate your pain by circling the one number that best describes your pain at its WORST in the past 24 hours.

← 0 1 2 3 4 5 6 7 8 9 10 →  
No Pain Worst Possible Pain

13. Please rate your pain by circling the one number that best describes your pain at its LEAST in the past 24 hours.

← 0 1 2 3 4 5 6 7 8 9 10 →  
No Pain Worst Possible Pain

14. Please rate your pain by circling the one number that best describes your pain on the AVERAGE.

← 0 1 2 3 4 5 6 7 8 9 10 →  
No Pain Worst Possible Pain

15. Please rate your pain by circling the one number that tells how much pain you have RIGHT NOW.

← 0 1 2 3 4 5 6 7 8 9 10 →  
No Pain Worst Possible Pain

16. How much relief have your pain treatments or medications provided IN THE LAST 24 HOURS?

← 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% →  
No Relief Complete relief

17. Circle the one number that describes how, during the last 24 hours, pain has interfered with your:

1) General activity

← 0 1 2 3 4 5 6 7 8 9 10 →  
Does not interfere Completely interferes

2) Mood

← 0 1 2 3 4 5 6 7 8 9 10 →  
Does not interfere Completely interferes

3) Walking ability

← 0 1 2 3 4 5 6 7 8 9 10 →  
Does not interfere Completely interferes

4) Normal work (including both housework and work outside the home)

← 0 1 2 3 4 5 6 7 8 9 10 →  
Does not interfere Completely interferes

5) Relations with other people

← 0 1 2 3 4 5 6 7 8 9 10 →  
Does not interfere Completely interferes

6) Sleep

← 0 1 2 3 4 5 6 7 8 9 10 →  
Does not interfere Completely interferes

7) Enjoyment of life

← 0 1 2 3 4 5 6 7 8 9 10 →  
Does not interfere Completely interferes