

## Pain Survey (Brief Form)

Date: \_\_\_\_\_

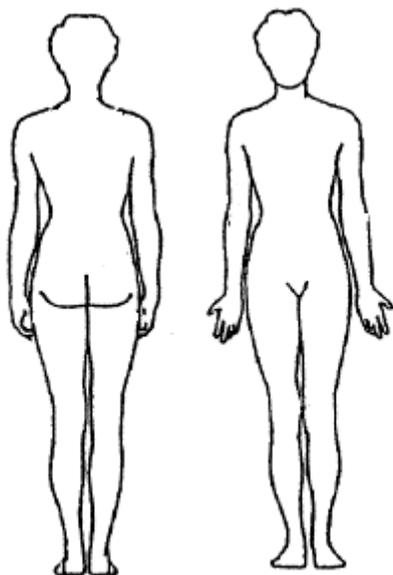
Time: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

1) Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

1. yes      2. no

2) On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



3) 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

Pain as bad as  
you can imagine

- 4) 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

Pain as bad as  
you can imagine

- 5) 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

Pain as bad as  
you can imagine

- 6) 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

Pain as bad as  
you can imagine

- 7) What treatments or medications are you receiving for your pain?

- 7) In the past 24 hours, how much RELIEF have pain treatments or medications provided? Please circle the one percentage that most shows how much.

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

- 8) Circle the one number that describes how, during the past 24 hours, PAIN HAS INTERFERED with your:

A. General Activity:

0 1 2 3 4 5 6 7 8 9 10

Does not  
interfere

Completely  
interferes

B. Mood

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0 1 2 3 4 5 6 7 8 9 10  
Does not Interfere Completely interferes

C. Walking ability

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0 1 2 3 4 5 6 7 8 9 10  
Does not Interfere Completely interferes

D. Normal work (includes both work outside the home and housework)

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

E. Relations with other people

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

F. Sleep

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0 1 2 3 4 5 6 7 8 9 10  
Does not Interfere Completely interferes

G. Enjoyment of life

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

Source: Pain Research Group, Department of Neurology, University of Wisconsin-Madison.  
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