Figure 11.1 **Your Pain Profile**

1. When did the pain start? _____
   _____
   Was there a specific cause (e.g., a fall) or did it just seem to develop over time?
   _____
   _____
2. Has it gotten worse with time or has it remained the same?
3. ls it intermittent or constant? _____
   Does it come in waves and then subside?
   Yes ☐ No ☐
4. What does the pain feel like? (Refer to Figure 11.2 on the next page.)
   _____
   _____
5. Is there a time of day when the pain is worse? _____
   _____
   Does it wake you from sleep? Yes ☐ No ☐
   Does it cause insomnia? Yes ☐ No ☐
6. Have you ever had this type of pain before? Yes ☐ No ☐
   When _____
   _____
   Why?_____
   _____
7. What increases the pain? Sitting? _____
   Lying down? ____ Mild massage? _____
   Other? _____
   _____
8. Does the pain radiate to another part of your body such as your back, shoulder, or legs? _____
   _____
9. How severe is the pain? On a 0 to 10 scale, with 10 being the most severe, how does this pain rate? _____
   _____
10. Can you distract yourself from the pain either partially or completely? Or is the pain so intense that distraction is impossible? _____
    _____
11. How does it affect the quality of your life? Have you stopped visiting friends? Are you irritable, angry, depressed?
    _____
    _____
    _____
12. ls the pain accompanied by symptoms such as nausea, sweating, shortness of breath? _____
    _____
13. Which, if any, medications have you taken? _____
    _____
    _____
    Have they relieved the pain?
    Completely? Yes ☐ No ☐
    Partially? Yes ☐ No ☐
    Not at all? Yes ☐ No ☐
14. Are you sensitive or allergic to any pain medication?_____
    _____
15. Miscellaneous comments:
    _____
    _____
    _____
    _____

Figure 11.2 **Describing Your Pain**

Pain Intensity Scale
0 No Pain
1 Mild
2 Discomforting
3 Distressing
4 Horrible
5 Excruciating

___ Flickering	___ Stabbing	___ Hot	___ Sickening	___ Penetrating
___ Quivering	___ Sharp	___ Burning	___ Suffocating	___ Piercing
___ Pulsing	___ Cutting	___ Scalding	___ Fearful	___ Tight
___ Throbbing	___ Lacerating	___ Searing	___ Frightful	___ Numb
___ Beating	___ Pinching	___ Tingling	___ Terrifying	___ Drawing
___ Pounding	___ Pressing	___ Itching	___ Punishing	___ Squeezing
___ Jumping	___ Gnawing	___ Smarting	___ Gruelling	___ Tearing
___ Flashing	___ Cramping	___ Stinging	___ Cruel	___ Cool
___ Shooting	___ Crushing	___ Dull	___ Vicious	___ Cold
___ Pricking	___ Tugging	___ Sore	___ Killing	___ Freezing
___ Boring	___ Pulling	___ Hurting	___ Wretched	___ Nagging
___ Drilling	___ Wrenching	___ Aching	___ Blinding	___ Nauseating
		___ Heavy	___ Annoying	___ Agonizing
		___ Tender	___ Troublesome	___ Dreadful
		___ Taut	___ Miserable	___ Torturing
		___ Rasping	___ Intense	_____
		___ Splitting	___ Unbearable	_____
		___ Tiring	___ Spreading	_____
		___ Exhausting	___ Radiating	_____

These descriptions of pain were taken from the McGill Pain Questionnaire, © 1970 Ronald Melzack, PhD, and used with permission of Dr. Melzack.

you use to describe your pain can sometimes point to a type of pain problem, so a rich vocabulary can be very helpful. Figure 11.2 lists typical words to describe pain sensations and the emotions that pain can cause. Place a mark next to each word that describes your pain. If there are other words that you use to describe your pain, add them to the list. Bring the list with you when you see your providers.

- **Pain Intensity:** Just as words describe the quality of your pain, numbers can help describe the intensity or strength of your pain. There are several ways to measure or monitor pain intensity with numbers. One is a 0 to 5 scale (see Figure 11.2, top left). Another is to use a 0 to 10 scale, with 0 indicating no pain at all and 10 as the worst pain you have ever experienced (see Figure 11.3). When your provider asks, "How bad