



## Pain Assessment Questionnaire Template

\* Required information

**First name \***

**Last name \***

**What's your email? \***

**When did the pain start? What were you doing when it started?**

**Was the onset of pain sudden, gradual or part of an existing condition?**

**Has the pain changed in any way since it began? (better/worse/different symptoms)? Have you experienced this pain before if so when?**

**Is it localized to one area or does it radiate anywhere else?**

**Do certain activities or movements or positions make the pain better or worse? E.g. walking, standing still, lifting, reading etc.**

**Do any other interventions assist with the pain? E.g. hot/ice packs, topical creams, acupuncture, massage etc.**

**The pain is...**

**Does the weather affect your pain, if so, what kind? E.g. hot, dry, damp, humid, rainy etc.**

**Does the pain impact your energy levels or mood?**

**Certain foods are considered “inflammatory”, while others may cause inflammation if you have a sensitivity to them. This can add to the body’s overall pain burden. Do any foods trigger the pain or make it worse?**

**How often do you exercise a week? Exercise includes moderate activity including brisk walking, gym, pilates, yoga, swimming or hiking..**

**Does the weather affect your pain, if so, what kind? E.g. hot, dry, damp, humid, rainy etc.**

**Does your job involve hard physical activity, heavy lifting or repetitive tasks?**



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