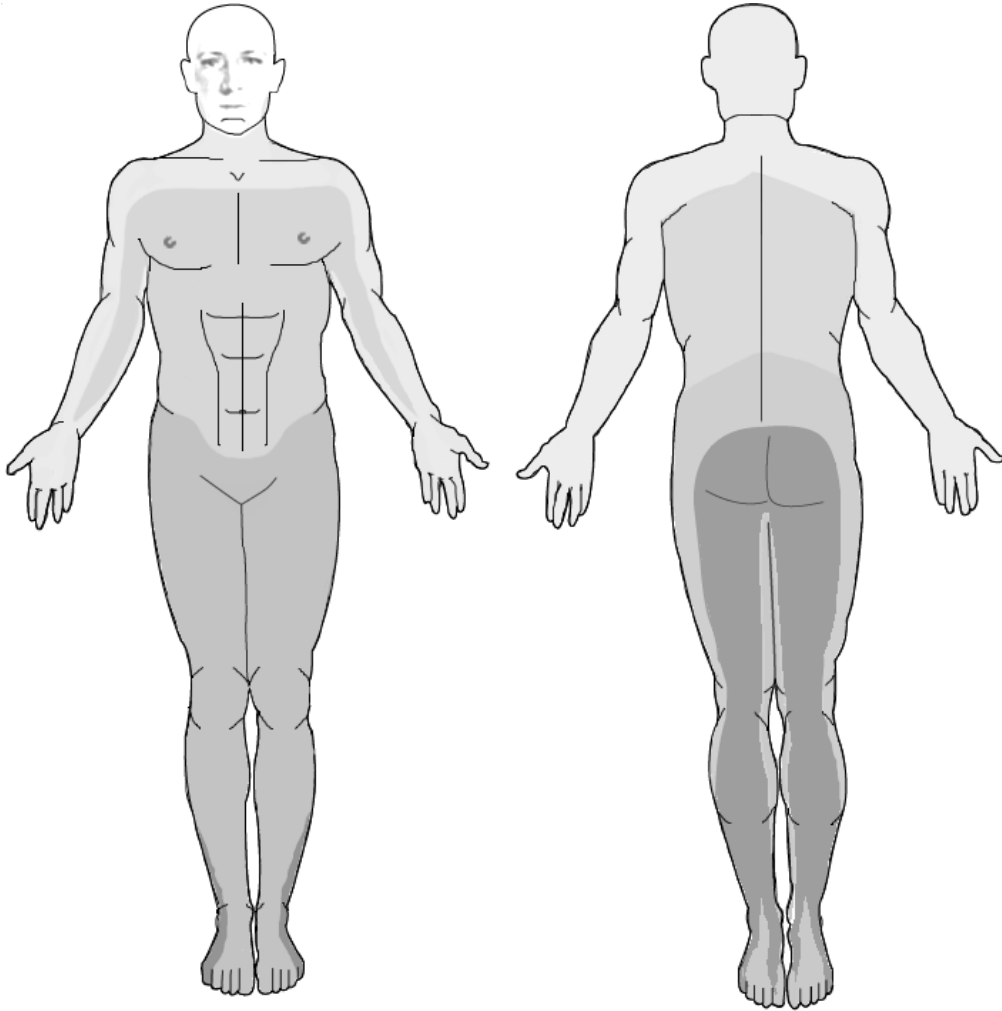


Name _____ Date _____

PAIN DIAGRAM

Instructions:

Below is a diagram of a body. Please shade the areas in dark pencil that have chronic pain (longer than 6 months). After completing this diagram, you will answer three “interview” questions about your chronic pain. This should take you about 5-10 minutes. To discuss your results with our staff, print your documents and fax or mail to Pacifica.



Scoring: If you shade in less than ¼ of the diagram score it moderate
If you shade in ¼ - ½ of the diagram score it moderately severe
If you shade in ½ - ¾ of the diagram score it severe
If you shade in ¾ - all of the diagram score it extremely severe

Pain Rating: Please rate your overall, average daily pain intensity by circling the number below that best reflects your pain experience.

0 = no pain **10** = excruciating pain

1 2 3 4 5 6 7 8 9 10

Name _____ Date _____

PAIN DIAGRAM INTERVIEW

Instructions: Please answer the questions in each of the three areas below. Be sure to print and fax or mail your results to Pacifica.

1. How would you describe the sensation of your pain in these regions? Mark as many as apply:

- A. burning
- B. throbbing
- C. horrible
- D. awful
- E. other descriptions of your sensations:

2. What direction or speed does your pain travel?

- A. upwards (for example, from knee to hip or from foot to knee, etc.)
- B. downwards (for example, from low back to leg, knee, calf, etc)
- C. inwards (for example, from surface to deeper in, muscle to bone, etc.)
- D. fast moving
- E. slow moving
- F. other description of pain travel:

3. How has your pain changed (better, worse, same, location) over:

A. The last 6 months:

B. The last 12 months: