Dartmouth Health

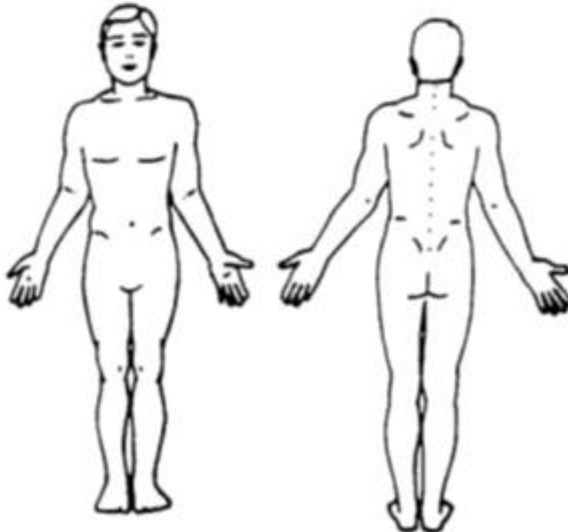
Alice Peck Day Memorial Hospital

PAIN ASSESSMENT
Neurosurgery Services

MRN:

NAME: Two identifiers needed

DOB:



Brief Pain Inventory

Are you currently in pain? Yes No

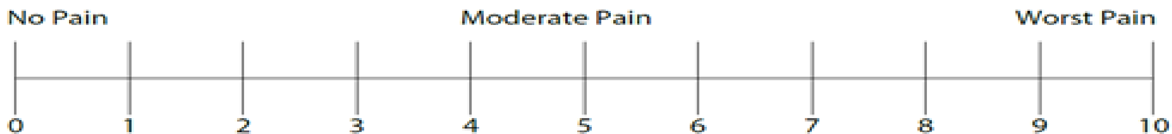
When did your pain begin?

What were you doing when the pain first occurred?

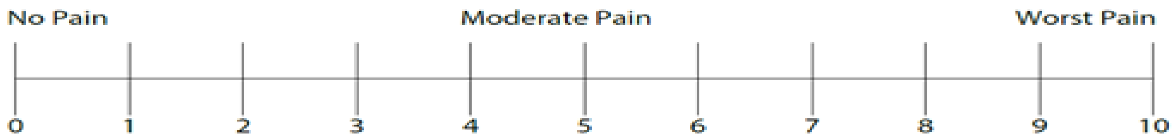
Has the pain improved or is it getting worse?

Using the diagram at the left, shade in the areas where you feel pain.
Put an "X" on the area (in the diagram) that hurts the most.

Please rate your pain by circling the one number below that best describes your pain on the average.



Please rate your pain by circling the one number below that describes your pain at its worst.



What activities or positions seem to make your pain worse (ex, walking, sitting, standing)?

What makes your pain better (ex, sitting, walking, lying)?

What treatments have been tried to improve your pain in the last 6 months?

- ☐ Physical Therapy
- ☐ Pain medication
- ☐ Chiropractic treatments
- ☐ Muscle relaxants
- ☐ Epidural steroid injections
- ☐ Anti-Inflammatory

What of the above treatments improved your pain or made in better?

What current medications are you taking for pain?