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Pain questionnaire

Please describe your pain problem:

_____

What do you think is causing your pain?

_____

What does your family think is causing your pain?

_____

Do you think anyone is to blame for your pain? 0 Yes 0 No If so, who?

_____

Is there an event that you associate with the onset of pain? 0 Yes 0 No If so, what?

_____

How long have you had this pain? 0 Less than 6 months 0 6 months - 1 year
0 1 – 2 years 0 More than 2 years

What helps your pain?

0 Meditation	0 Relaxation	0 Lying down	0 Music
0 Massage	0 Ice	0 Heating pad	0 Hot bath
0 Pain medication	0 Laxatives/enema	0 Injection	0 TENS unit
0 Bowel movement.	0 Emptying bladder	0 Nothing	

0 Other _____

What makes your pain worse?

0 Intercourse	0 Orgasm	0 Stress	0 Full meal
0 Bowel movement	0 Full bladder	0 Urination	0 Standing
0 Walking	0 Exercise	0 Time of day	0 Weather

0 Contact with clothing 0 Coughing/sneezing
0 Not related to anything 0 Other:

_____

Of all of the problems or stresses in your life, how does your pain compare in importance?
0 The most important problem 0 Just one of several/many problems

Do you think surgery will be necessary? O Yes 0 No

What type of treatments have you tried in the past for this pain?

0 Acupuncture	0 Non-prescription medicine
0 Antidepressants	0 Nutrition/diet
0 Birth control	0 Psychotherapy
0 Depo-Provera	0 Surgery
0 Herbal medication	0 TENS unit
0 Lupron/Zoladex/Synarel	0 Trigger point injection
0 Massage	0 Other:
0 Narcotics	_____
0 Nerve blocks	_____

For each of the symptoms listed below, please indicate your level of pain over the last month using:

0 - no pain 10 - the worst pain imaginable

Level of Pain:	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
How would you rate your present pain?	O	O	O	O	O	O	O	O	O	O	O
Pain at ovulation (mid-cycle)	O	O	O	O	O	O	O	O	O	O	O
Pain level just before period	O	O	O	O	O	O	O	O	O	O	O
Pain (not cramps) with period	O	O	O	O	O	O	O	O	O	O	O
Deep pain with intercourse	O	O	O	O	O	O	O	O	O	O	O
Pain in groin when lifting	O	O	O	O	O	O	O	O	O	O	O
Pelvic pain lasting after intercourse	O	O	O	O	O	O	O	O	O	O	O
Pain when bladder is full	O	O	O	O	O	O	O	O	O	O	O
Muscle/joint pain	O	O	O	O	O	O	O	O	O	O	O
Level of cramps with period	O	O	O	O	O	O	O	O	O	O	O
Pain after period is over	O	O	O	O	O	O	O	O	O	O	O
Burning vaginal pain with sex	O	O	O	O	O	O	O	O	O	O	O
Pain with urination	O	O	O	O	O	O	O	O	O	O	O
Backache	O	O	O	O	O	O	O	O	O	O	O
What would be an acceptable level of pain?	O	O	O	O	O	O	O	O	O	O	O

Bowel

Would you say that at least one-fourth of the time in the last 3 months you have had any of the following:

(Check all that apply)

0 Fewer than three bowel movements a *week,* (0-2 bowel movements)
0 More than three bowel movements a day (4 or more bowel movements)
0 Hard or lumpy stools
0 Loose or watery stools
0 Straining during a bowel movement
0 Urgency - having to rush to the bathroom for a bowel movement
0 Feeling of incomplete emptying after a bowel movement
0 Passing mucus (white material) during a bowel movement
0 Abdominal fullness, bloating, or swelling

What would you like to tell us about your pain that we have not asked?

_____
_____
_____
_____
_____
_____
_____

SOAP 2,7,10,11,12,13,15,17,18,19,20,22,23,24 >or =7
PUF >10 = IC