

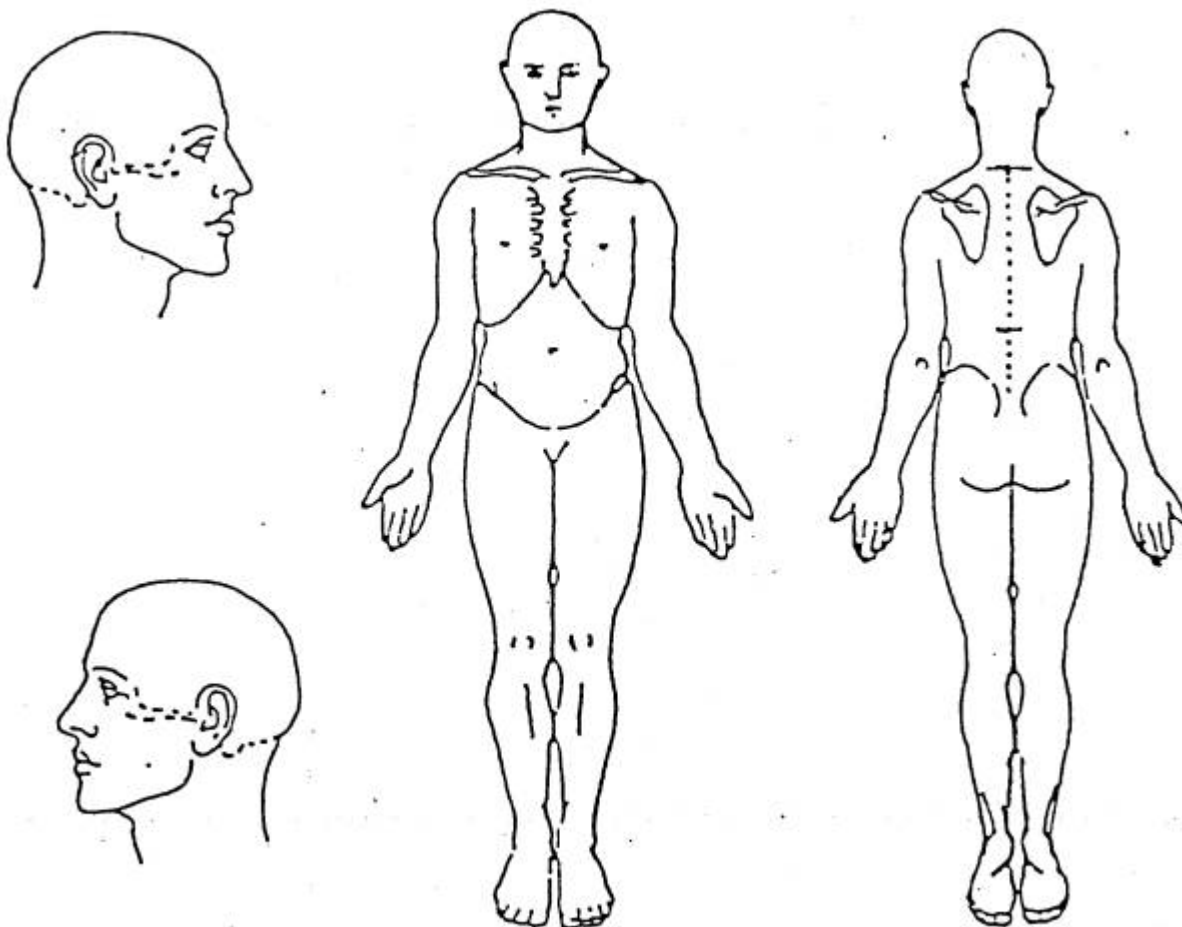
Pain Consultation Initial Questionnaire
UCLA Peripheral Nerve Surgery Program

Where is your pain?

Please mark the figure below in the areas that you have pain.

Use the following symbols to indicate the quality of pain in each location:

Ache: AAAAAA Burning: XXXXXXXX Numbness: OOOO Pins/Needles: Stabbing: // // // //

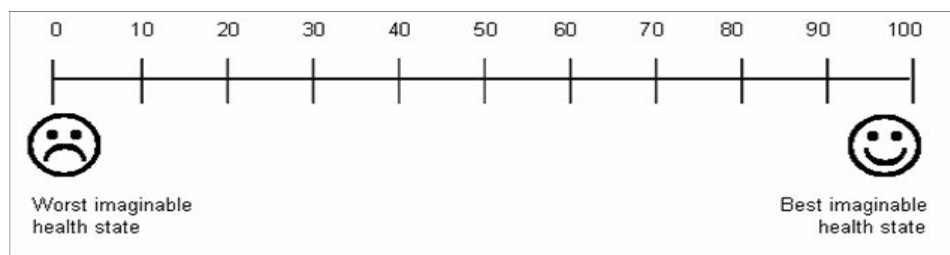


On a scale of 1-100 (illustrated below), please indicate:

Your current level of pain: _____

The worst level of pain you experience: _____

The best level of pain control you achieve with current management: _____



History of the Pain

When did the pain begin? _____

Did the pain come on suddenly or gradually (please circle a response)? SUDDENLY GRADUALLY

What were you doing when this pain began? _____

If the pain is due to an injury, please briefly describe the events that led to the injury: _____

What medications have you tried and how much did each help?

_____	Not at all	<50% relief	>50% relief
_____	Not at all	<50% relief	>50% relief
_____	Not at all	<50% relief	>50% relief
_____	Not at all	<50% relief	>50% relief
_____	Not at all	<50% relief	>50% relief
_____	Not at all	<50% relief	>50% relief
_____	Not at all	<50% relief	>50% relief
_____	Not at all	<50% relief	>50% relief

Have you had any surgeries or stimulator trials for this pain?

Procedure	Surgeon	Efficacy		
_____	_____	Not at all	<50% relief	>50% relief
_____	_____	Not at all	<50% relief	>50% relief
_____	_____	Not at all	<50% relief	>50% relief
_____	_____	Not at all	<50% relief	>50% relief
_____	_____	Not at all	<50% relief	>50% relief
_____	_____	Not at all	<50% relief	>50% relief

Are you able to work despite the pain? YES NO

If not, when did you start disability? _____