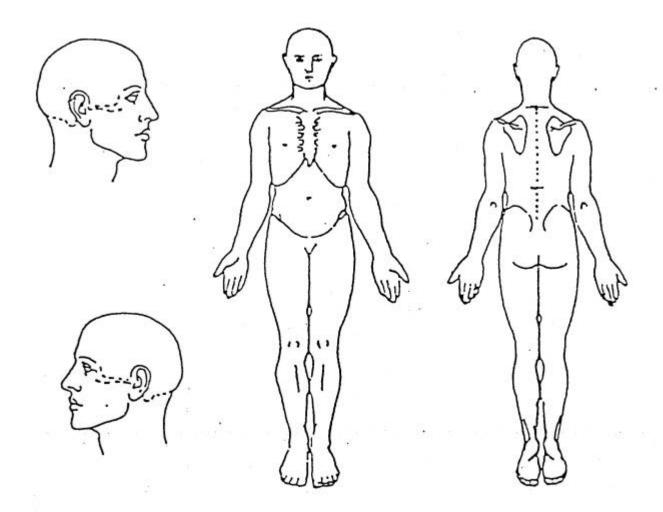
Pain Consultation Initial Questionnaire UCLA Peripheral Nerve Surgery Program

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: AAAAA Burning: XXXXXXX Numbness:OOOO Pins/Needles:....... Stabbing://///

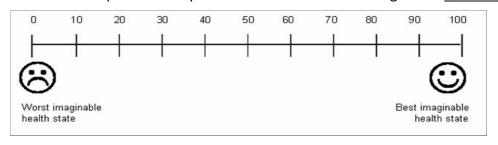


On a scale of 1-100 (illustrated below), please indicate:

Your current level of pain: _____

The worst level of pain you experience:

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



Characterizing the Pain

Quality

| Please describe t | he quality of the p | oain in your own word | S: | | | | | | |
|-------------------|--------------------------------|--------------------------|-----------------|-----------------------|--------------|--|--|--|--|
| OR | | | | | | | | | |
| Put a checkn | nark next to any o | f the following descri | otions that app | ply: | | | | | |
| □ Shooting | □ Sha | arp 🗆 La | cerating | □ Pinching | □ Cramping | | | | |
| □ Stabbing | □ Tu _{ | gging 🗆 Pu | lling | □ Hot | □ Burning | | | | |
| □ Throbbing □ | | gling 🗆 Ito | hy | □ Stinging | □ Dull | | | | |
| □ Beating □ □ | | nder 🗆 Tir | ing | □ Exhausting | □ Sickening | | | | |
| □ Pounding □ | | ueling 🗆 Vio | cious | □ Intense | □ Unbearable | | | | |
| □ Lancinating | g □ Tig | ht 🗆 Co | ld | □ Squeezing | □ Tearing | | | | |
| Radiation | | | | | | | | | |
| Does the pain rac | diate from one spo | ot to another? If so, fr | om where to v | where? | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Timing | | | | | | | | | |
| Please characteri | ze the timing of y | our pain. You can indi | cate a combin | ation if appropriate. | | | | | |
| Constar | nt | | | | | | | | |
| □ Periodio | c (if so, indicate w | hen it is worst: | | |) | | | | |
| □ Transiei | nt/Brief (if so,ple | ase indicate 1) D | uration of atta | cks: | | | | | |
| | 2) Number of attacks/day: | | | | | | | | |
| What makes the | pain worse? | | | | | | | | |
| □ Sitting | □ Standing | □ Bending over | □ Activity (| please specify): | | | | | |
| □ Wind | □ Touching | ☐ Brushing Teetch | □ Eating | □ Other: | | | | | |
| What makes the | pain better? | | | | | | | | |
| □ Rest | □ Standing | Standing 🗆 Laying down | | □ Physical therapy | | | | | |
| □ Pain medio | cations (specify w | hich): | | | | | | | |
| □ Epidural st | □ Epidural steroid injections: | | | | | | | | |
| | | , if known): | | | | | | | |
| □ Other: | | | | | | | | | |

History of the Pain

| When did the pair | n being? | | - | | | | | | | |
|---|-----------------------------|---------------------------|-------------------|-------------|-------------|--|--|--|--|--|
| Did the pain come | e on suddenly or gradual | ly (please circle a respo | onse)? SUDD | ENLY | GRADUALLY | | | | | |
| What were you doing when this pain began? | | | | | | | | | | |
| | | | | | | | | | | |
| If the pain is due t | to an injury, please briefl | y describe the events t | hat led to the in | njury: | | | | | | |
| | | | | | | | | | | |
| What medication | s 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 w | ork despite the pain? | YES NO | | | | | | | | |
| If not, when did y | ou start disability? | | | | | | | | | |