

A clearer way to tell your care team how pain is affecting your life.

Fill this out before your appointment and hand it to your provider. Check what fits and fill in the blanks.

Name: _____

Date: _____

1 How much is pain limiting you today?

Check the one line that fits best right now.

- | | |
|---|--|
| ☐ 0 | No pain. |
| ☐ 1-2 Mild | It's there, but I can ignore it. It doesn't stop me from anything. |
| ☐ 3-4 Nagging | I notice it constantly. I can still do most things, just slower or with breaks. |
| ☐ 5-6 Disruptive | It interrupts me. I have to change, pause, or drop activities. Hard to concentrate. |
| ☐ 7-8 Severe | It runs my day. I can't do most normal activities or focus on much besides the pain. |
| ☐ 9 Crushing | I can't function. I can barely move or talk. All I can do is get through it. |
| ☐ 10 Emergency | Unbearable. I need help now. |

2 My baseline vs. today

On a normal day, my pain is about _____ /10. Right now, today: _____ /10.

3 Today, pain is stopping me from...

- | | | |
|--|--|--|
| ☐ Sleeping | ☐ Standing or walking | ☐ Bathing or dressing |
| ☐ Work or chores | ☐ Concentrating | ☐ Mood / patience |
| ☐ Being present with family | | |

4 My pain feels like...

Circle every word that fits.

Burning Stabbing Throbbing Electric / shooting Crushing Aching Cramping Tearing
Pins & needles Other: _____

5 Since my last visit

My pain is: ☐ Better ☐ About the same ☐ Worse
Worst moment: _____ /10. Best moment: _____ /10.

Say it in one sentence Fill in the blanks, then read it aloud to your provider.

"On a normal day my pain is a _____, but today it is a _____. It is stopping me from _____. It feels _____, and since my last visit it has gotten _____."

This is a communication tool to help you describe your pain. It is built from established pain-assessment methods but is not itself a clinically validated instrument, and it does not replace your provider's evaluation, diagnosis, or advice.