

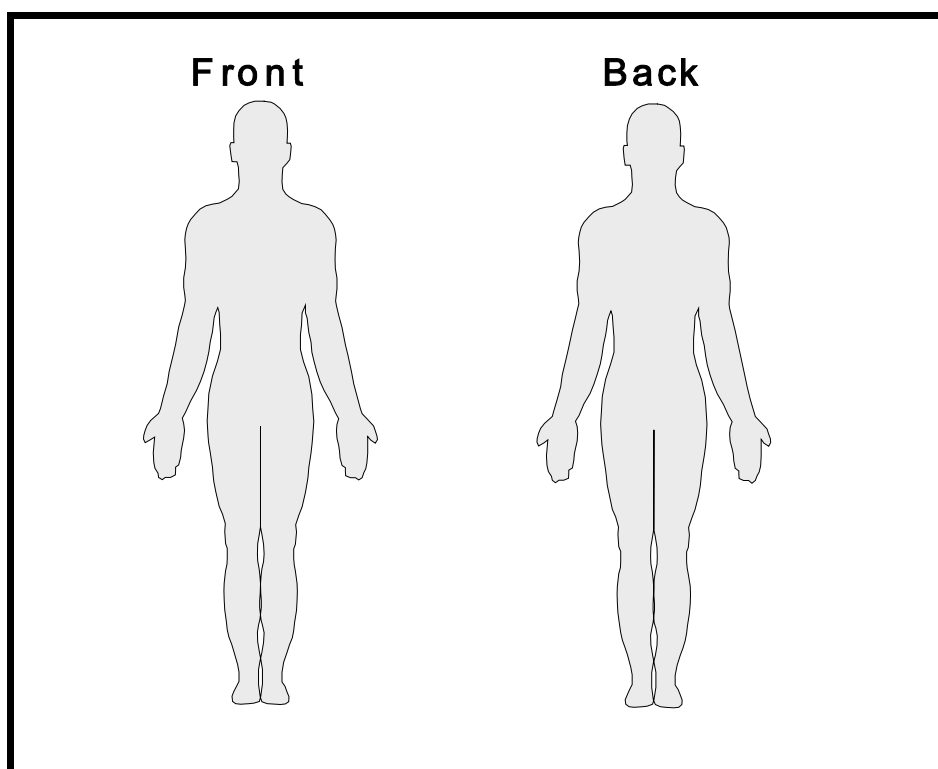
## Pain Clinic New Appointment Questionnaire

Full Name .....Hospital No: .....

Date of Appt ..... NHS Number.....

Enclosed with this questionnaire is your appointment. The following are the sort of questions we shall be asking you. It is helpful if you can give some thought to this beforehand and read the information leaflet about what to expect when you meet a member of the pain team. Please bring the questionnaire in with you on the day and hand it into the nurse assigned to your clinic.

1. Please show on the diagram above the site of your pain or pains.



2. How long have you had pain?
3. Can you describe what your pain feels like?



10. Please list any tablets or therapies you have had so far and state whether they have been helpful or not

| Treatment/<br>Tablets                | What did they do/ask you to do? | Did it help? |    |            |
|--------------------------------------|---------------------------------|--------------|----|------------|
|                                      |                                 | YES          | NO | Don't know |
| e.g. chiropractor,<br>dihydrocodeine |                                 |              |    |            |