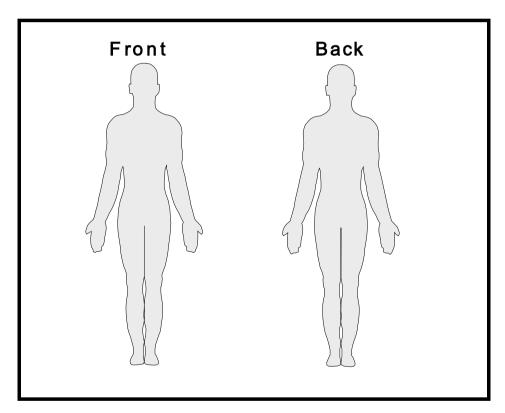


Pain Clinic New Appointment Questionnaire

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?

4.	What factors or situations make the pain worse?
5.	What factors or situations make the pain better?
6.	Does your pain affect you emotionally?
7.	Do you have any family history of pain or medical problems that may be relevant?
8.	Do you have any "hunch" about what you feel could be the cause of the pain? (This may be quite different from various diagnoses you have been given)
9.	Please list any questions you would like to ask.

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

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