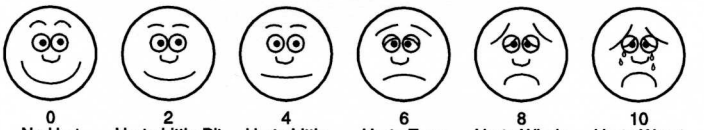
MedStar Good Samaritan Hospital

The Good Samaritan
Hospital of Maryland, Inc.
5601 Loch Raven Boulevard
Baltimore, MD 21239-2995

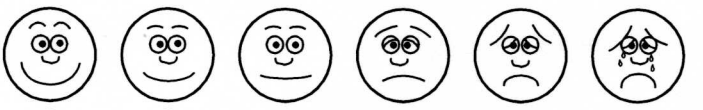
PLACE PATIENT ID STICKER HERE

INITIAL EVALUATION
PAIN QUESTIONNAIRE / ASSESSMENT

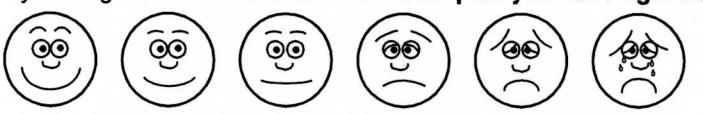
1. Please rate your pain by circling the number that describes your pain at **its worst in the last three (3) days.**



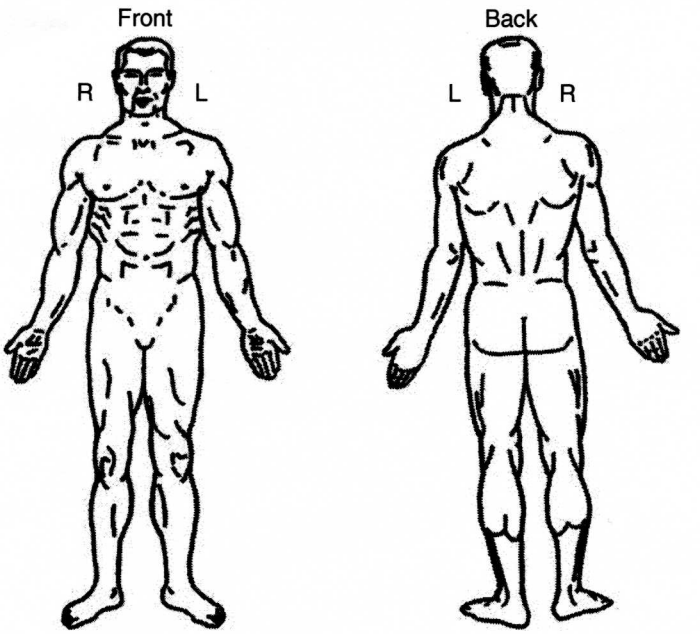
2. Please rate your pain by circling the number that describes your pain at **its least in the last three (3) days.**



3. Please rate your pain by circling the number that tells how much **pain you have right now:**



4. On the diagram below, shade in the areas on the body where you feel pain. Put an X on the area that hurts most:



6. During the past three (3) days, indicate what your pain has interfered with: Check (✔) all that apply
☐ Self care ability ☐ Walking ability ☐ Work ☐ Sleep ☐ General Activity ☐ Mood ☐ Concentration
Other: _____

7. What kinds of things make your pain worse? (for example: bending, walking, turning, in the morning, after activity)
_____

8. What kinds of things make your pain feel better? (for example: rest, heat, medicine)
_____