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First Assessment

Patient Name _____ Date _____

Age: _____ Gender (circle) Male Female

Please respond to the following questions **for the pain for which you are presenting for assessment today.**

Pain Location: Neck _____ Lower Back _____ Legs _____
 Shoulders _____ Hips _____ Foot _____

	No Pain					Moderate Pain					Worst Imaginable
A. How would you rate your pain today?	0	1	2	3	4	5	6	7	8	9	10
How would you rate your worst pain in the past 24 hours?											

B. Please check the **one** descriptor below that best describes your present pain:

- (0) No Pain _____ (3) Distressing _____
- (1) Mild _____ (4) Horrible _____
- (2) Discomforting _____ (5) Excruciating _____

C. Is your pain (check one)? Brief _____ Intermittent _____ Continuous _____

D. Each of the words below describes a quality that pain can have. For each quality, check the number that tells how much of that specific quality your pain has. We are interested in your **initial impressions**; please proceed quickly. Please rate every pain quality.

	<u>PAIN QUALITY</u>	<u>NONE</u>	<u>MILD</u>	<u>MODERATE</u>	<u>SEVERE</u>
1.	Throbbing	(0)_____	(1)_____	(2)_____	(3)_____
2.	Shooting	(0)_____	(1)_____	(2)_____	(3)_____
3.	Stabbing	(0)_____	(1)_____	(2)_____	(3)_____

4.	Sharp	(0)____	(1)____	(2)____	(3)____
5.	Cramping	(0)____	(1)____	(2)____	(3)____
6.	Gnawing	(0)____	(1)____	(2)____	(3)____
	<u>PAIN QUALITY</u>	<u>NONE</u>	<u>MILD</u>	<u>MODERATE</u>	<u>SEVERE</u>
7.	Hot-burning	(0)____	(1)____	(2)____	(3)____
8.	Aching	(0)____	(1)____	(2)____	(3)____
9.	Heavy	(0)____	(1)____	(2)____	(3)____
10.	Tender	(0)____	(1)____	(2)____	(3)____
11.	Splitting	(0)____	(1)____	(2)____	(3)____
12.	Tiring-exhausting	(0)____	(1)____	(2)____	(3)____
13.	Sickening	(0)____	(1)____	(2)____	(3)____
14.	Fearful	(0)____	(1)____	(2)____	(3)____
15.	Punishing-cruel	(0)____	(1)____	(2)____	(3)____

E. Please respond to each item by **circling** one box per row.

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
1. In general, would you say your health is:	5	4	3	2	1
2. In general, would you say your quality of life is:	5	4	3	2	1
3. In general, how would you rate your physical health?	5	4	3	2	1
4. In general, how would you rate your mental health, including your mood and your ability to think?	5	4	3	2	1
5. In general, how would your rate your satisfaction with your social activities and relationships?	5	4	3	2	1
6. In general, please rate how well you carry out your your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse,	5	4	3	2	1

employee, friend, etc.)

	<u>Completely</u>	<u>Mostly</u>	<u>Moderately</u>	<u>A Little</u>	<u>Not at All</u>
7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	5	4	3	2	1

In the past 7 days

	<u>Never</u>	<u>Rarely</u>	<u>Sometime</u>	<u>Often</u>	<u>Always</u>
8. How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	1	2	3	4	5

	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>Very Severe</u>
9. How would you rate your fatigue on average?	1	2	3	4	5

	<u>No</u>											<u>Worst Imaginable</u>
	<u>Pain</u>											<u>Pain</u>
10. How would you rate your pain on average?	0	1	2	3	4	5	6	7	8	9	10	