

Dr. John Regan, M.D.

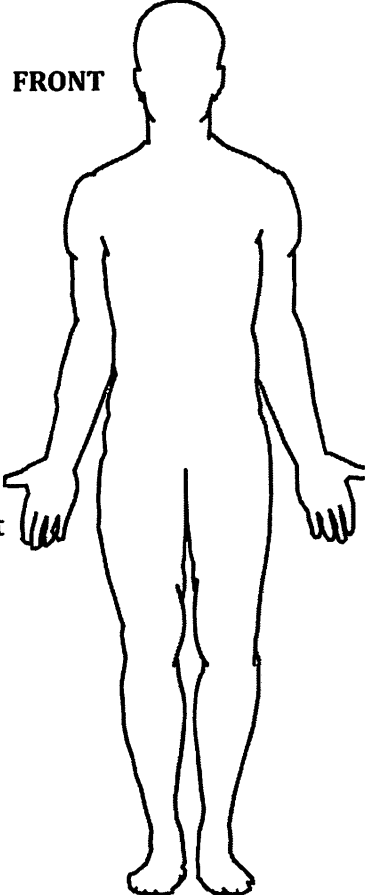
PATIENT PAIN DRAWING

Name _____ Date ____/____/____

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas. Mark the intensity of the pain on the line at the bottom of the page.

Aching	Numbness	Pins & Needles	Burning	Stabbing	Other
+++++	/////	*****	XXXXX	VVVVV	00000

FRONT



Right Left

Pain in arm(s)
compared to pain in
neck.

___ Worse than

___ Same as

___ Less than

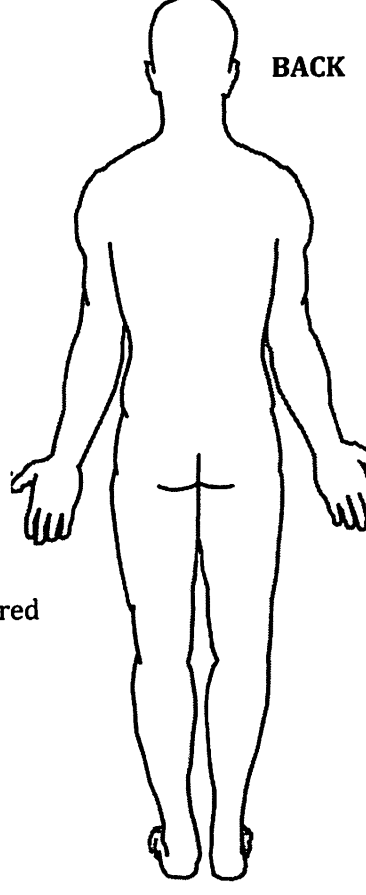
Pain in leg(s) compared
to pain in back:

___ Worse than

___ Same as

___ Less than

BACK



Left Right

Is your pain aggravated by any of the following?

- | | |
|------------------------------------|--------------------------------|
| ___ Coughing or sneezing | ___ In the middle of the night |
| ___ Sitting in a chair | ___ Lying flat on your back |
| ___ Bending forward to brush teeth | ___ Lying flat on your stomach |
| ___ When you wake up | ___ Walking a distance |

PLEASE MARK ON THE LINE: How bad is your pain now?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____

NO PAIN WORST PAIN



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FUNCTIONAL QUESTIONNAIRE

Name _____ Date ____ / ____ / ____

Please answer every section, and mark in each section only the **ONE BOX** which applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just **mark the box that most closely describes your problem**.

Section 1 – Pain Intensity

- ☐ I can tolerate the pain I have without having to use painkillers.
- ☐ The pain is bad, but I can manage without taking painkillers.
- ☐ Pain killers give me complete relief from pain.
- ☐ Pain killers have no effect on the pain and I do not use them.

Section 2 – Personal Care (Washing, Dressing, Etc.)

- ☐ I can look after myself normally without causing extra pain.
- ☐ I can look after myself normally, but it causes extra pain.
- ☐ It is painful to look after myself, and I am slow and careful.
- ☐ I need some help but manage most of my personal care.
- ☐ I need help every day in most aspects of self-care.
- ☐ I do not get dressed, wash with difficulty, and stay in bed.

Section 3 – Lifting

- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights, but it gives me extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (i.e., on the table).
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can only lift very little weights.
- ☐ I cannot lift or carry anything at all.

Section 4 – Walking

- ☐ Pain does not prevent me from walking any distance.
- ☐ Pain prevents me from walking more than 1 mile.
- ☐ Pain prevents me from walking more than ½ mile.
- ☐ Pain prevents me from walking more than ¼ mile.
- ☐ Pain prevents me from walking more than 10 min.
- ☐ Pain prevents me from walking at all.

Section 5 – Sitting

- ☐ I can sit in my chair as long as I like.
- ☐ I can only sit in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting more than ½ hour.
- ☐ Pain prevents me from sitting more than 10 min.
- ☐ Pain prevents me from sitting at all.

Section 6 – Standing

- ☐ I can stand as long as I want without extra pain.
- ☐ I can stand as long as I want, but it gives me extra pain.
- ☐ Pain prevents me from standing for more than 1 hour.
- ☐ Pain prevents me from standing for more than 30 min.
- ☐ Pain prevents me from standing for more than 10 min.
- ☐ Pain prevents me from standing at all.

Section 7 – Sleeping

- ☐ Pain does not prevent me from sleeping well.
- ☐ I can sleep very well only by using tablets.
- ☐ Even when I take tablets, I have less than 6 hours of sleep.
- ☐ Even when I take tablets, I have less than 4 hours of sleep.
- ☐ Even when I take tablets, I have less than 2 hours of sleep.
- ☐ Pain prevents me from sleeping at all.

Section 8 – Sex Life

- ☐ My sex life is normal and gives me no extra pain at all.
- ☐ My sex life is normal but increases the degree of pain.
- ☐ My sex life is nearly normal, but it's very painful.
- ☐ My sex life is nearly absent because of pain.
- ☐ Pain prevents any sex life at all.

Section 9 – Social Life

- ☐ My social life is normal and gives me no extra pain.
- ☐ My social life is normal but increases the degree of pain.
- ☐ Pain has no significant effect on my social life, apart from limiting my more energetic interests (i.e., dancing, etc.).
- ☐ Pain has restricted my social life, and I do not go out as often.
- ☐ Pain has restricted my social life to home.
- ☐ I have no social life because of pain.

Section 10 – Traveling

- ☐ I can travel anywhere without extra pain.
- ☐ I can travel anywhere, but it gives me extra pain.
- ☐ Pain is bad, but I manage journeys over 2 hours.
- ☐ Pain restricts me to journeys of less than 1 hour.
- ☐ Pain restricts me to short, necessary journeys under 30 min.
- ☐ Pain prevents me from traveling, except to the doctor or hospital.



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GENERAL REVIEW OF SYSTEMS

Allergies

- ☐ Asthma
- ☐ Hay Fever
- ☐ Skin eruptions

Cardiovascular

- ☐ Chest pain
- ☐ Irregular heart beat
- ☐ High flow blood pressure
- ☐ Poor circulation
- ☐ Rapid heart rate
- ☐ Swelling of ankles
- ☐ Varicose veins

Constitutional

- ☐ Chills/sweats/fever
- ☐ Fainting
- ☐ Forgetfulness
- ☐ Headache
- ☐ Loss of sleep
- ☐ Nervousness
- ☐ Weight loss

Ears, Nose, Mouth, Throat

- ☐ Bleeding gums
- ☐ Difficulty swallowing
- ☐ Earache
- ☐ Ear discharge
- ☐ Hearing loss
- ☐ Hoarseness
- ☐ Nosebleeds
- ☐ Persistent cough
- ☐ Ringing in ears
- ☐ Sinus problem

Endocrine

- ☐ Rapid weight loss/gain
- ☐ Intolerance to warm room
- ☐ Multiple broken bones
- ☐ Cessation of menstrual periods
- ☐ Excessive hunger/thirst
- ☐ Loss of libido
- ☐ Spontaneous nipple discharge

Eyes

- ☐ Blurred vision
- ☐ Crossed eyes
- ☐ Double vision
- ☐ Vision flashes or halos

Genitourinary

- ☐ Blood in urine
- ☐ Lack of bladder control
- ☐ Painful urination

Gastrointestinal

- ☐ Bloating
- ☐ Bowel changes
- ☐ Constipation
- ☐ Diarrhea
- ☐ Gas
- ☐ Hemorrhoids
- ☐ Indigestion
- ☐ Nausea
- ☐ Poor appetite
- ☐ Rectal bleeding
- ☐ Stomach pain

Hematologic/Lymphatic

- ☐ Swollen lymph nodes
- ☐ Easy bruising skin
- ☐ Prolonged bleeding from cuts, tooth extractions

Integumentary

- ☐ Skin rashes or eruptions
- ☐ Chronic skin itching

Men

- ☐ Breast lump
- ☐ Lump in testicle
- ☐ Penis discharge
- ☐ Sore on penis

Musculoskeletal

Pain weakness, numbness, or swelling in:

- ☐ Hands, wrists, hips, knees, or joints
- ☐ Pain in arms or legs

Neurological

- ☐ Fainting
- ☐ Headaches
- ☐ Numbness in arms/legs
- ☐ Seizures
- ☐ Tingling of hands, feet, arms, or legs

Psychiatric

- ☐ Anxiety
- ☐ Depression
- ☐ Panic attacks
- ☐ Restlessness

Respiratory

- ☐ Blood
- ☐ Cough
- ☐ Dizziness
- ☐ Shortness of breath

Women

- ☐ Abnormal pap smear
- ☐ Bleeding between periods
- ☐ Breast lump
- ☐ Extreme menstrual pain
- ☐ Hot flashes
- ☐ Nipple discharge
- ☐ Painful intercourse