

## PAIN DESCRIPTION WORKSHEET

This worksheet will help you describe your pain to your doctor at your visit. This information may help your doctor to decide what is causing your pain or what can be done to relieve it.

1. Where does it hurt? (Does the pain move around at all? Is it painful in more than one spot?)

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2. What makes the pain better or worse? (Does it get worse with movement, or certain activities? Does it get better or worse with eating? Do you take anything for the pain?)

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3. When do you have the pain? (Is it constant, or does it come and go? Does it wake you from sleep or prevent you from sleeping? Is it there at certain times of the day, every day? How long does it last? Have you ever had pain like this in the past?)

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4. Can you describe the pain? (Some common words to describe pain include: aching, burning, sore, pounding, crampy, tight, electric, sharp, crushing, stabbing, throbbing, knot-like, pressing, pinching, pulsing, dull, pins and needles, prickling, shooting, deep, stretching, tender or gnawing.)

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5. Does the pain keep you from doing anything that you want to do? (Pain can affect such common activities as walking, bathing, working, exercising or eating, as well as specific activities that people enjoy, such as gardening, sports, knitting or cooking.)

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**6. What have you tried to relieve the pain? (Any medications, prescription or over the counter? Have you tried massage, heat, cold, rest, exercise, stretching, eating, not eating, dietary changes, yoga, or any other approaches?)**

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