**BACKGROUND PAIN ASSESSMENT TOOL** **Name, Address, Telephone of Provider Practice***(see companion Key to Using Pain Assessment Tool document) -- hyperlink once posted to CPF*

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Empowerment Assessment/Augmentation Exercise:
2. Expressing needs: [ ] shy [ ] think it’s useless [ ] expects others to guess [ ] not ashamed to do so
3. Is your goal to be pain free? [ ] Yes [ ] Not sure [ ] No . If not Yes, what pain score range can you live with? \_\_\_\_\_
4. If your usual pain meds fail to meet what you expect to get out of them, do you have a plan of action to take it from there? [ ] Yes [ ] Not sure it will work [ ] No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you know where or from whom you can get good information to get you to where you need to be in terms of pain relief? [ ] Yes [ ] Not sure it will be successful [ ] No. (Patient’s information sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
6. If you had a list of over-the-counter medications that could perhaps take care of pain not adequately treated, would you find this useful? [ ] Yes [ ] Not sure [ ] No
7. Do you have a diary or record where you can keep track of what works and doesn’t work, what makes pain better or worse? [ ] Yes [ ] No. Would you like one to try? [ ] Yes [ ] No
8. Are you determined to do whatever it takes to get the challenge of pain under control? [ ] Yes [ ] Not sure [ ] No
9. Initiative (Active/Passive Balance): What best describes you and your philosophy?
10. I will only take what my doctor orders for me, or someone like him who knows way more than me about treating pain and how to treat it. [ ]
11. I like learning more about my pain, how to treat it, but I think there is a lot more I need to do and to understand. [ ]
12. I can work well with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to reach my treatment goals. [ ]
13. I research as much as I can, like on the internet, in magazines, or even reference material. Sometimes I’m able to bring in new information that my doctor might not have known about, and that makes me feel good and in charge of my health. Sometimes I get lost in the weeds doing this, and like when I can meet up with someone who can help me have better insight. [ ]
14. Motivation
15. Contemplation – “I may” in the next 6 months or so [ ]
16. Preparation – “I will” in the next month or so [ ]
17. Action – “I am” – for one day up to six months [ ]
18. Maintenance – “I have been” – for six months or more [ ]
19. Location(s) of Pain:
20. Quality of Pain: [ ] sharp [ ] dull

[ ] prickly [ ] flat [ ] burning

[ ] stabbing [ ] pulsing [ ] constant

[ ] random [ ] predictable

1. Intensity of Pain: (0 – 10 visual analog scale): \_\_\_\_\_ now, ranges from \_\_\_\_ to \_\_\_\_\_; cf goal range \_\_\_to\_\_\_
2. Labs: Mg: \_\_\_\_\_ \_\_/\_\_/\_\_ Fe: \_\_\_\_ \_\_/\_\_/\_\_ Vitamin D: \_\_\_\_\_\_ \_\_/\_\_/\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Pressing Issue(s):

Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Posted\_2017.03