



my **pain** feels like...

My pain questionnaire



How would you describe your pain?

Use this questionnaire to help describe accurately how your pain feels. You can tick as many boxes as you wish. This questionnaire can assist your doctor in making the right diagnosis for you.

My pain questionnaire



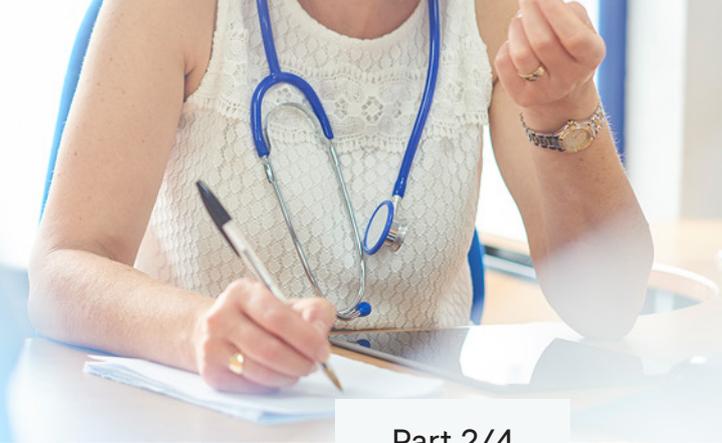
Part 1/4

My pain feels like

Please select all of the statements that describe your pain.

- | | |
|--|---|
| <input type="checkbox"/> metal filings under my skin | <input type="checkbox"/> a rubbing sensation |
| <input type="checkbox"/> a hit from a hammer | <input type="checkbox"/> a hot iron on my skin |
| <input type="checkbox"/> a (open fresh) wound | <input type="checkbox"/> pain after shaving and putting aftershave on |
| <input type="checkbox"/> a cut from a knife | <input type="checkbox"/> nagging toothache |
| <input type="checkbox"/> chilli pepper in my mouth | <input type="checkbox"/> being scolded with hot water |
| <input type="checkbox"/> something that squeezes me | <input type="checkbox"/> ants crawling under my skin |
| <input type="checkbox"/> bad sunburn that won't go away | <input type="checkbox"/> an electric shock |
| <input type="checkbox"/> a volcano erupting | <input type="checkbox"/> sharp spasms |
| <input type="checkbox"/> waves that come and go | <input type="checkbox"/> (hot) pins and needles |
| <input type="checkbox"/> a fire under my skin | <input type="checkbox"/> a sharp shooting down my legs |
| <input type="checkbox"/> a knife being stabbed into my back | <input type="checkbox"/> icy/cold sensation |
| <input type="checkbox"/> a dull ache that is radiating across the top of my hips | <input type="checkbox"/> a burning sensation that runs through my back into my legs |
| <input type="checkbox"/> other (please specify below) | |

My pain questionnaire



Part 2/4

My pain is

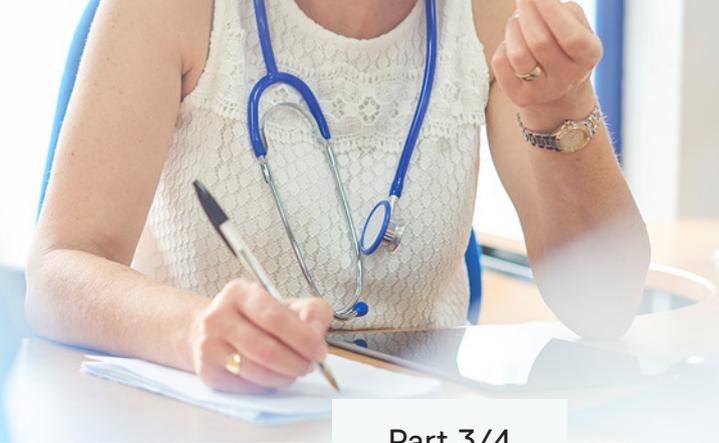
Please select all of the statements that describe your pain.

- | | |
|---|---|
| <input type="checkbox"/> nagging | <input type="checkbox"/> nipping |
| <input type="checkbox"/> cutting | <input type="checkbox"/> tingling |
| <input type="checkbox"/> pulsating | <input type="checkbox"/> a grating pain |
| <input type="checkbox"/> scalding | <input type="checkbox"/> so bad it brings tears to my eyes |
| <input type="checkbox"/> unbearable | <input type="checkbox"/> debilitating |
| <input type="checkbox"/> a shearing pain | <input type="checkbox"/> annoying |
| <input type="checkbox"/> shooting | <input type="checkbox"/> inconsistent |
| <input type="checkbox"/> throbbing | <input type="checkbox"/> itchy |
| <input type="checkbox"/> intense | <input type="checkbox"/> continuous |
| <input type="checkbox"/> located at the area where I had shingles/herpes-zoster before | <input type="checkbox"/> located at the area where I had surgery before |
| <input type="checkbox"/> the pain is located in a specific area, and not related to any injury or disease that I can remember | <input type="checkbox"/> temporary |
| <input type="checkbox"/> other (please specify below) | |

I suffer from my pain since:

- less than 1 month more than 3 months more than 1 year

My pain questionnaire



Part 3/4

My pain affects me because it makes me

Please select all of the statements that describe your pain.

- | | |
|---|---|
| <input type="checkbox"/> frustrated | <input type="checkbox"/> feel undignified because I can't wear specific clothes |
| <input type="checkbox"/> tired due to lack of sleep | <input type="checkbox"/> agitated |
| <input type="checkbox"/> irritable | <input type="checkbox"/> unable to have my skin touched |
| <input type="checkbox"/> unable to have a social life | <input type="checkbox"/> feel tormented |
| <input type="checkbox"/> exhausted | <input type="checkbox"/> misunderstood |
| <input type="checkbox"/> depressed | <input type="checkbox"/> stressed |
| <input type="checkbox"/> unable to have intimate relationship | <input type="checkbox"/> feel useless |
| <input type="checkbox"/> unable to walk far | <input type="checkbox"/> angry |
| <input type="checkbox"/> feel sick | <input type="checkbox"/> sad |
| <input type="checkbox"/> other (please specify below) | <input type="checkbox"/> lonely |

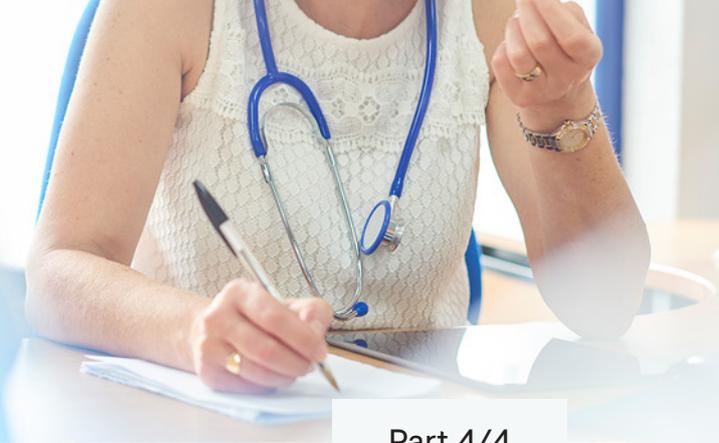
On a scale from 0 to 10, my pain intensity is at its worst

- 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10
- no pain pain as bad as you can imagine

What would be an acceptable level of pain for you?

- 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10
- no pain pain as bad as you can imagine

My pain questionnaire



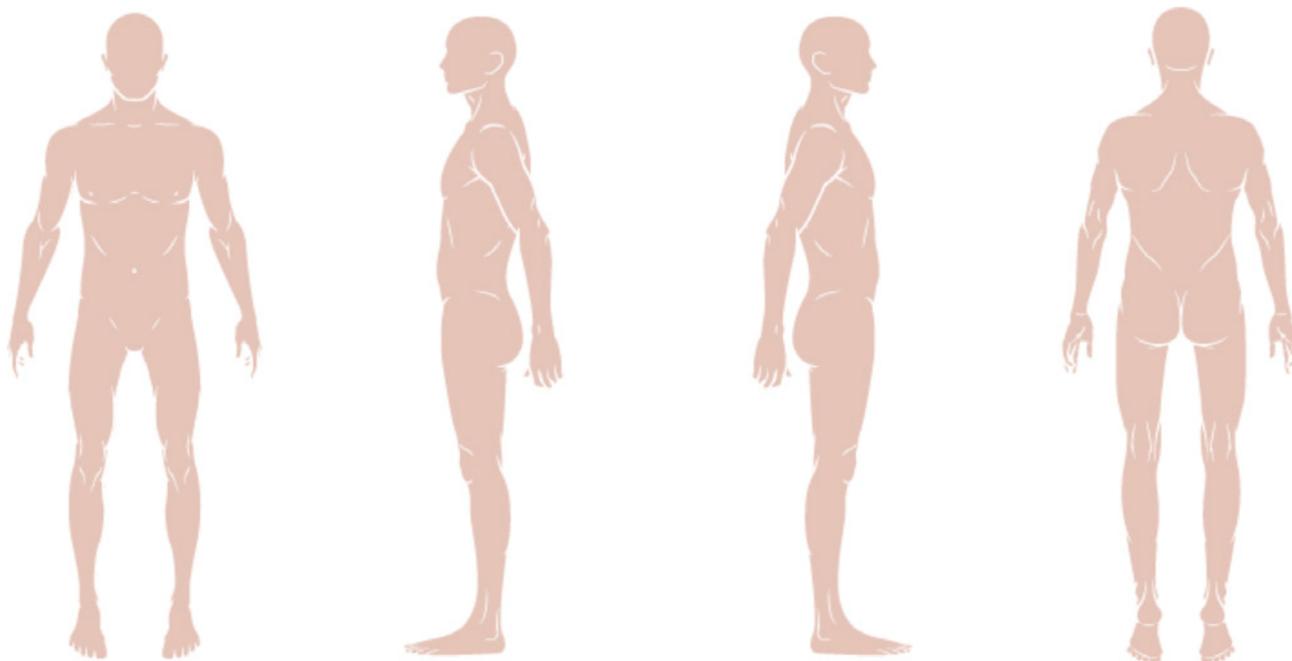
Part 4/4

Where do I feel my pain?

Please choose one:

- deep inside my body superficial on the skin

Highlight the areas of the body where you feel pain the most:



On a scale from 0 to 10, my pain intensity is at its worst



my **pain** feels like...



The next step is to book an appointment with your doctor and to take the completed “my pain questionnaire” along with you, to enable your doctor to better understand your pain.

For more information please visit
www.mypainfeelslike.com



my pain feels like... has been developed by Grünenthal GmbH in collaboration with Montescano Pain School

Endorsed by:



Pain Alliance
Europe