Walton Pain Center
1355 Independence Drive
Augusta, GA 30901
(706) 724-1821

(Addressograph)

1. Shade the areas where you are having pain on the diagram below.

Right Left Left Right

Right Sole Left Sole

2. Please answer each of the following questions by placing an X.

What is your level of pain?

1 2 3 4 5 6 7 8 9 10

No Pain Worst Pain

How does the pain affect your level of activity?

1 2 3 4 5 6 7 8 9 10

I can do anything I want I can't do anything at all

How are you sleeping?

1 2 3 4 5 6 7 8 9 10

No problem I can't sleep at all

What is your outlook on life in general?

1 2 3 4 5 6 7 8 9 10

Great Not good at all

3. Indicate if you need a medication refill.

Medication	Strength (mg)	Schedule or number per day

4. Pain Assessment

worst pain site _____
worst pain intensity (0-10) _____
best pain intensity (0-10) _____
constant _____ or intermittent _____
what does your pain feel like? _____
_____
what makes your pain worse? _____
_____
what makes your pain better? _____
_____

5. List any significant changes in your condition since your last visit. Include any changes in your general health.

_____
_____
_____
_____
_____
_____
_____

_____ _____
Signature Date

PATIENT SELF ASSESSMENT