



# Health History (Pain)



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Problem list (attach another page if necessary):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

How long have you had pain? \_\_\_\_\_

What do you think started your pain? \_\_\_\_\_

What do you think is causing your pain? \_\_\_\_\_

---



---

What do you think will help to resolve your pain? \_\_\_\_\_

---



---

## Gynecological History

# of pregnancies \_\_\_\_\_ # of live births \_\_\_\_\_ Episiotomy? YES NO Tearing? YES NO

Forceps or vacuum? YES NO Birth Control Method: \_\_\_\_\_

Last PAP normal? YES NO Date: \_\_\_\_\_ Hormone Replacement Therapy? YES NO

## Have you had any ABDOMINAL or PELVIC surgery?

When?	Procedure?



# Health History (Pain)



### Check all symptoms that apply

<input type="checkbox"/> Leak urine with cough/sneeze/jump/lift etc	<input type="checkbox"/> Feelings of heaviness or pressure in vagina
<input type="checkbox"/> Strong urge to go to the bathroom	<input type="checkbox"/> Prolapse
<input type="radio"/> With leaking	<input type="checkbox"/> Painful Periods
<input type="radio"/> Without leaking	<input type="checkbox"/> Heavy Periods
<input type="checkbox"/> I feel like I always have to go to the bathroom	<input type="checkbox"/> Infrequent/irregular periods
<input type="checkbox"/> It feels like my bladder does not empty fully	<input type="checkbox"/> Infrequent bowel movements (less than 3x/week)
<input type="checkbox"/> Frequent urinary tract infections	<input type="checkbox"/> Small, lumpy, or hard bowel movements
<input type="checkbox"/> Sexually active	<input type="checkbox"/> Need to strain to have a bowel movement
<input type="radio"/> Now	<input type="checkbox"/> Back problems
<input type="radio"/> In the past	<input type="radio"/> Upper
<input type="checkbox"/> Pain with sex	<input type="radio"/> Middle
<input type="radio"/> With penetration	<input type="radio"/> Lower
<input type="radio"/> Throughout	<input type="checkbox"/> Neck problems
<input type="radio"/> After	<input type="checkbox"/> I have experienced sexual abuse/assault
	<input type="checkbox"/> I have experienced physical abuse

### Please list any other health conditions


### Please list the Physicians or Health Care Providers you are have seen for this condition

Physician/Provider	Specialty	Currently seeing	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

[Type text]



# Health History (Pain)

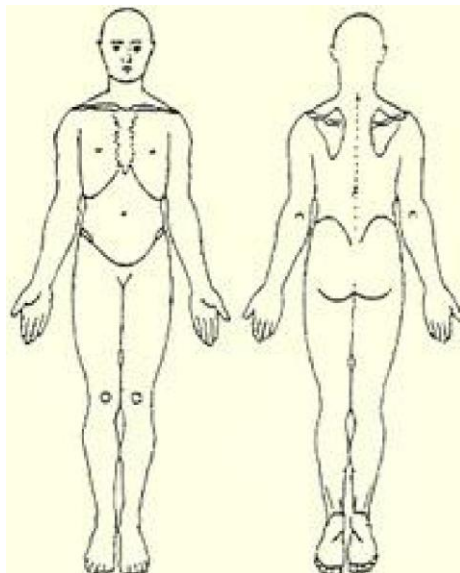


Please list medications you have taken FOR THIS CONDITION:

Medication/Dose	Provider	Did it help?		Currently Taking
		Yes	No	
		Yes	No	Currently Taking
		Yes	No	Currently Taking
		Yes	No	Currently Taking
		Yes	No	Currently Taking
		Yes	No	Currently Taking
		Yes	No	Currently Taking
		Yes	No	Currently Taking

Please list any other medications:


Please note where you feel your pain:



[Type text]



# Health History (Pain)



## PCS QUESTIONNAIRE

(Reference: on Quartana et al. Pain Catastrophizing: A Critical review. Expert Rev Neurother. 2009 May; 9(5):745-758)

- Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint or muscle pain. People are often exposed to situations that may cause pain such as illness, injury, dental procedures or surgery.
- We are interested in the types of thoughts and feelings that you have when you are in pain. Listed below are 13 statements describing different thoughts and feelings that may be associated with pain.
- Using the following scale, please indicate the degree to which you have these thoughts and feelings when you experience pain.

**0 = not at all**

**1 = to a slight degree**

**2 = to a moderate degree**

**3 = to a great degree**

**4 = all the time**

When I'm in pain.....

I worry all the time about whether the pain will end	0	1	2	3	4
I feel I can't go on	0	1	2	3	4
It's terrible and I think it's never going to get any better	0	1	2	3	4
It's awful and I feel that it overwhelms me	0	1	2	3	4
I feel I can't stand it anymore	0	1	2	3	4
I become afraid that the pain will get worse	0	1	2	3	4
I keep thinking of other painful events	0	1	2	3	4
I anxiously want the pain to go away	0	1	2	3	4
I can't seem to keep it out of my mind	0	1	2	3	4
I keep thinking about how much it hurts	0	1	2	3	4
I keep thinking about how badly I want the pain to stop	0	1	2	3	4
There's nothing I can do to reduce the intensity of my pain	0	1	2	3	4
I wonder whether something serious will happen	0	1	2	3	4
Subtotals:					

Total: \_\_\_\_/52 = \_\_\_\_%

[Type text]



# Health History (Pain)



## Tampa Questionnaire

(Reference: the original TSK9 is copied without restriction from the Work Cover Victoria website)

Please read each of the following statements and circle the number that best represents your feelings.

1 = Strongly disagree 2 = Somewhat Disagree 3 = Somewhat Agree 4 = Strongly Agree

I'm afraid I might injury myself if I exercise	1	2	3	4
If I were to try to overcome it, my pain would increase	1	2	3	4
My body is telling me that I have something dangerously wrong	1	2	3	4
My pain would probably be relieved if I were to exercise	1	2	3	4
People aren't taking my medical condition seriously enough	1	2	3	4
My accident has put my body at risk for the rest of my life	1	2	3	4
Pain always means that I have injured my body	1	2	3	4
Just because something aggravates my body does not mean it is dangerous	1	2	3	4
I am afraid that I might injure myself accidentally	1	2	3	4
Simply being careful that I do not make any unnecessary movements is the safest thing I can do to prevent my pain from worsening	1	2	3	4
I wouldn't have this much pain if there weren't something potentially dangerous going on in my body	1	2	3	4
Although my condition is painful, I would be better off if I were physically active	1	2	3	4
Pain lets me know when to stop exercising so that I don't injure myself	1	2	3	4
It's really not safe for a person with a condition like mine to be physically active	1	2	3	4
I can't do all the things normal people do because it's too easy for me to get injured	1	2	3	4
Even though something is causing me a lot of pain, I don't think it's actually dangerous	1	2	3	4
No one should have to exercise when he/she is in pain	1	2	3	4
<b>TOTALS:</b>				

For Office use only: Rvs 4, 8, 12, 16

Score: \_\_\_\_\_ /68 = \_\_\_\_\_