

# **PAIN SCALE**

(PLEASE USE SCALE FOR FOLLOWING QUESTIONS)

	<b>SYMPTOMS</b>
<b>1 (ONE)</b>	<b>Pain free</b>
<b>2 (TWO)</b>	<b>Very minor annoyance—I have occasional minor twinges</b>
<b>3 (THREE)</b>	<b>Annoying enough to be distracting</b>
<b>4 (FOUR)</b>	<b>Can be ignored if busy, but still distracting</b>
<b>5 (FIVE)</b>	<b>Can't be ignored for more than 30 minutes</b>
<b>6 (SIX)</b>	<b>Can't be ignored for any length of time but can still work and do social activities</b>
<b>7 (SEVEN)</b>	<b>Makes it difficult to concentrate, interferes with sleep, can function with effort</b>
<b>8 (EIGHT)</b>	<b>Physical activity severely limited, can read and speak with effort, experience nausea and dizziness</b>
<b>9 (NINE)</b>	<b>Unable to speak, crying out or moaning uncontrollably</b>
<b>10 (TEN)</b>	<b>Either unconscious or it makes you want to pass out</b>

**PLEASE COMPLETE ALL FORMS FOR  
YOUR APPOINTMENT**

**Michigan Orthopaedic and Spine Surgeons**

**John S. Papakonstantinou, M.D.**

**Follow Up**

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

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

**Last office visit:** \_\_\_\_\_ **Weeks since last visit:** \_\_\_\_\_

**Date of surgery:** \_\_\_\_\_ **Weeks since surgery:** \_\_\_\_\_

**Chief Complaint:** \_\_\_\_\_

**Smoking:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**How are you feeling?** improving, same, worse add'l notes \_\_\_\_\_

**Change in symptoms:** no, yes add'l notes \_\_\_\_\_

**Previous PT:** none, did not help, helped a little, helped temporarily, helped significantly, aggravated symptoms add'l notes \_\_\_\_\_

**Previous Injections:** none, did not help, helped a little, helped temporarily, helped significantly, gave relief for a few hours, gave relief for a few days, gave relief for a few weeks add'l notes \_\_\_\_\_

**Additional Imaging:** none, no recent studies, x-ray, MRI, CT scan, bone scan, EMG add'l notes \_\_\_\_\_

**Medications:** helping a little, helping a lot, not helping at all, upsetting stomach add'l notes \_\_\_\_\_

**Do you need a prescription renewal?** no, yes add'l notes \_\_\_\_\_

**Are you working?** not at all, modified duty, regular duty add'l notes \_\_\_\_\_

**Do you need a work excuse?** no, yes add'l notes \_\_\_\_\_

**Athletics:** no participation, non-contact, full participation add'l notes \_\_\_\_\_

**Additional questions for post-operative visit and cast follow-up:**

**Patient is currently in a:** boot, cast, brace, sling, splint add'l notes \_\_\_\_\_

**Swelling:** mild, moderate, severe add'l notes \_\_\_\_\_

**Pain:** mild, moderate, severe, \_\_\_/10 add'l notes \_\_\_\_\_

**Cast problems:** no, yes add'l notes \_\_\_\_\_

**Wound problems:** no, yes add'l notes \_\_\_\_\_

**Numbness:** none, improving, worse add'l notes \_\_\_\_\_

**Weakness:** none, improving, worse add'l notes \_\_\_\_\_

**Tingling:** none, improving, worse add'l notes \_\_\_\_\_

**Weight Bearing:** none, partial, full add'l notes \_\_\_\_\_

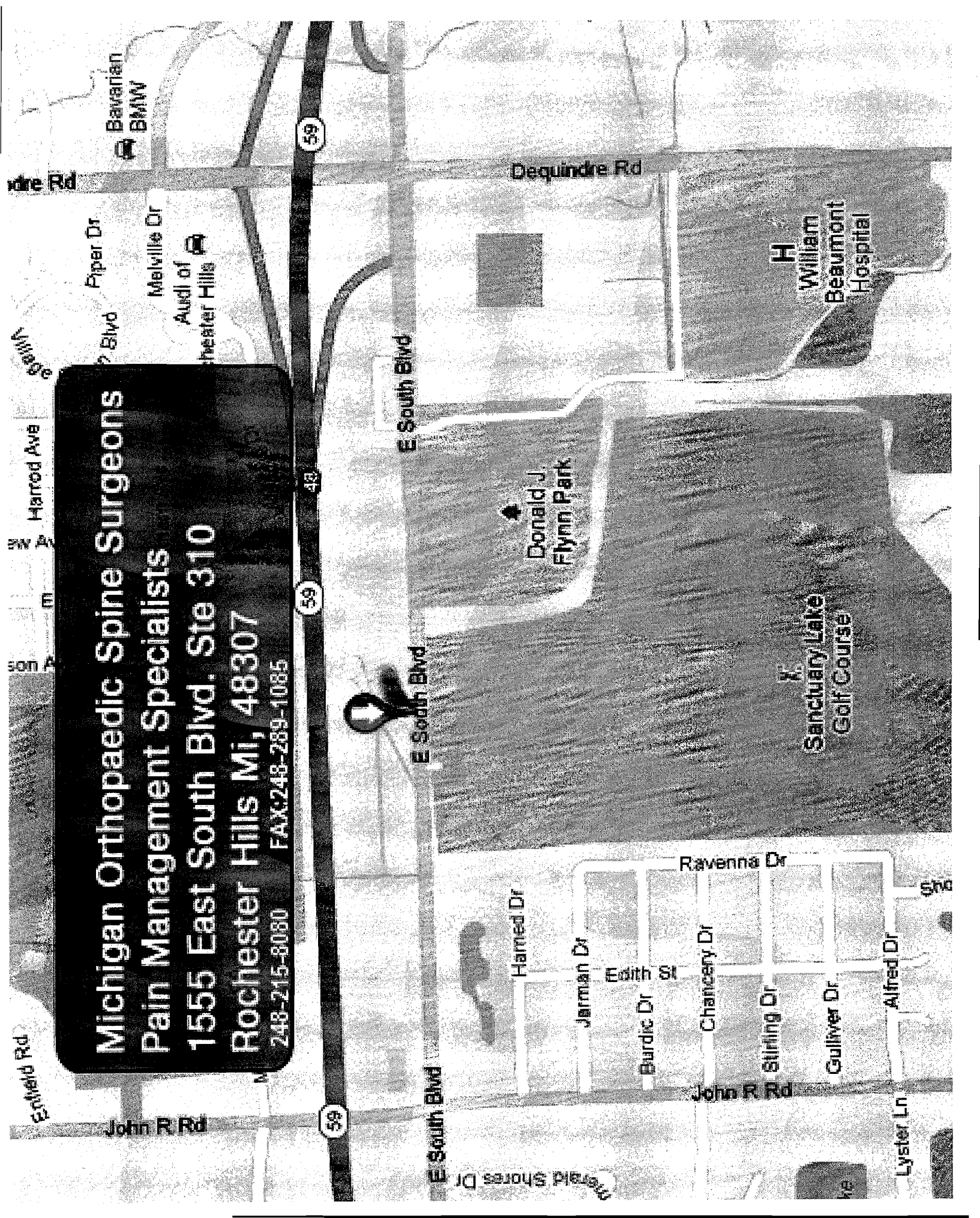
**Assistive Devices:** wheelchair, walker, cane, crutches add'l notes \_\_\_\_\_

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Stanhield Rd  
John R Rd  
Harrod Ave  
Village  
Piper Dr  
Melville Dr  
Audi of  
Theater Hills  
Bavarian  
BMW

59  
43  
59  
59

Dequindre Rd  
E South Blvd  
E South Blvd  
Donald J. Flynn Park  
K. Sanctuary Lake Golf Course  
William Beaumont Hospital  
Harrod Dr  
Jarman Dr  
Burdic Dr  
Chancery Dr  
Stirling Dr  
Gulliver Dr  
Alfred Dr  
Lyster Ln  
John R Rd  
Ravenna Dr