

## **PATIENT QUESTIONNAIRE**

	Date:
1	Did you have a procedure at your last visit? If yes, what was it and did it help? Explain.
2	List all medications you take and include doses and times if you know them. Were any changes made to your medications at the last visit? If yes, please list them and state if it helped.
3	What has been your best and worst pain score (1-10) since your last visit?  Best: Worst:  Comments:
4	Please state any changes in your health since the last visit or list any other information/concerns you want to discuss with your doctor.
	ank you!

PCL 05 (08/2012)

## DAY CARE UNIT

	The Ottawa Hospital	L'Hôpital d'Ottawa
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many hours	🔲 GenGén.	
All BUTTON		SPECIAL CONTRACTOR

## BRIEF PAIN INVENTORY SELF REPORT

The purpose of the questionnaire is to tell us about the severity of your pain and how the pain affects your day to day activities

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	pleted by IATURE	: 🗌 patie	nt 🔲	family/c	are giver		2.37. 2004								
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				□ yes				ner than these everyday kinds of pain today?							
2	On the	n, shade	areas wh	ere you fe	el pain	nin. Put an X on the area that hurts the most.									
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154				The second second	- Kui	لسا									
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4	Please	rate yo	ur pain k	oy circli	ng the o	ne number	that be	est descri	bes \	our pain at	its <b>LEAST</b> in the				
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