

**PAIN & SPINE CARE
MASROOR AHMED, M.D.**

RATE YOUR PAIN

Pain Rating VAS Numerical Score 0-100

Your pain at the PRESENT time _____

Your pain at its WORST _____

Your pain at its LEAST _____

Do you have:	Yes	No
Numbness	_____	_____
Tingling, Pins & Needles	_____	_____
Weakness	_____	_____
Coldness	_____	_____
Increased Sweating	_____	_____
Muscle Spasms, Tightness	_____	_____
Skin Discoloration	_____	_____

What makes your pain worse?

What makes your pain better?

Have you had Physical Therapy before? _____

Do you drink Alcohol? ____ Yes ____ No

If yes, how much?

If yes, do you drink it to relieve pain? ____ Yes ____ No

Have you ever used Street Drugs? ____ Yes ____ No

Do you smoke? ____ Yes ____ No

If yes, how much?

If yes, how many years?

Are you sleeping well? ____ Yes ____ No

Describe your Pain: _____

Does your Pain travel throughout your body? If yes, explain. _____
