

Pain Form

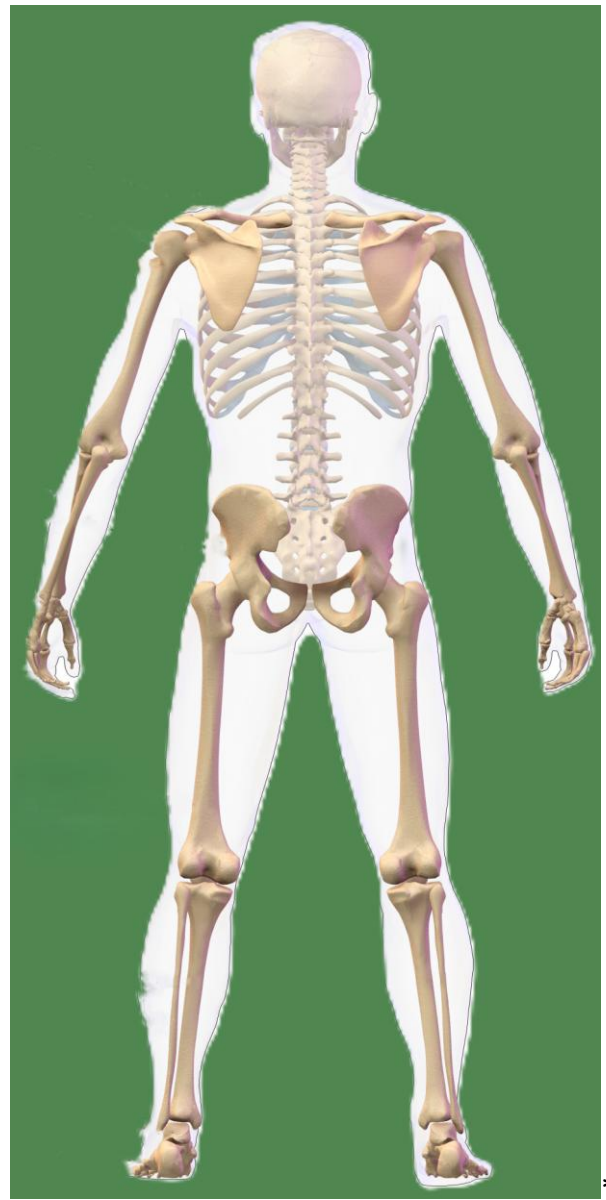
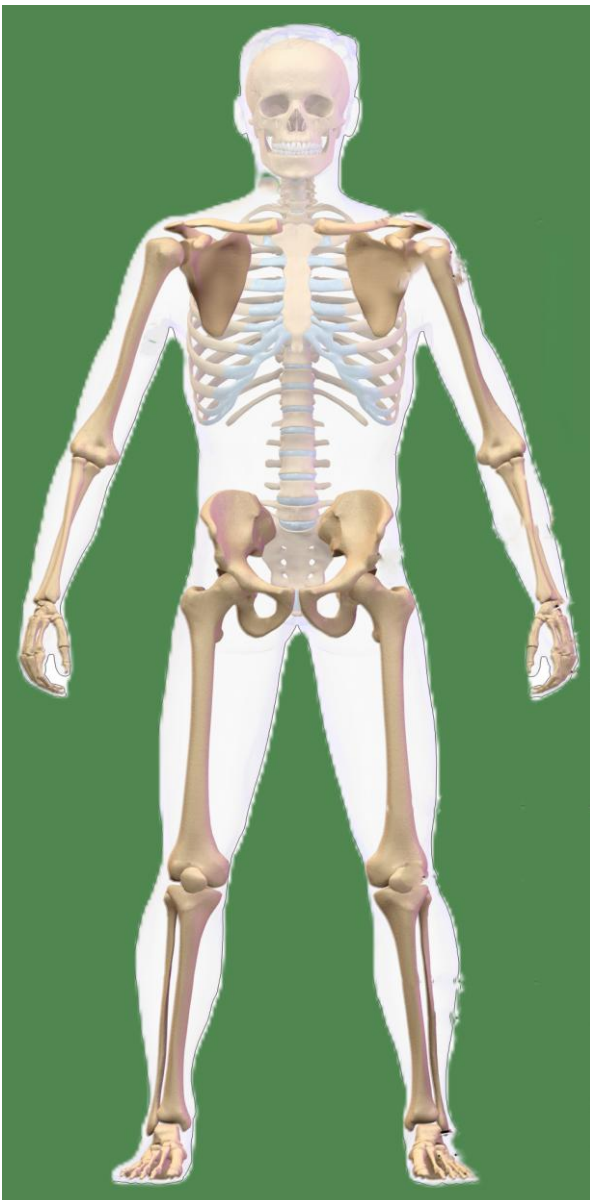
Please describe the pain

What triggered it?

How's it changed?

How does it limit you?

Please indicate the areas affected:



Previous treatments:

Character of the pain: <ul style="list-style-type: none"><input type="radio"/> Sharp<input type="radio"/> Dull<input type="radio"/> Distending<input type="radio"/> Shooting<input type="radio"/> Boring<input type="radio"/> Stabbing	<ul style="list-style-type: none"><input type="radio"/> Pulling<input type="radio"/> Burning<input type="radio"/> Moving<input type="radio"/> Fixed<input type="radio"/> Contracting<input type="radio"/> Referring
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Effect on the body: <ul style="list-style-type: none"><input type="radio"/> Stiffness<input type="radio"/> Limited movement<input type="radio"/> Swelling<input type="radio"/> Loss of muscle mass<input type="radio"/> Loss of muscle tone<input type="radio"/> Feels hot<input type="radio"/> Feels cold	<ul style="list-style-type: none"><input type="radio"/> Joints feel dry<input type="radio"/> Joint structure changes<input type="radio"/> Weakness<input type="radio"/> Heaviness<input type="radio"/> Numbness<input type="radio"/> Spasms<input type="radio"/> Odd sensations<input type="radio"/> Rubberiness or lumps
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Better for? <ul style="list-style-type: none"><input type="radio"/> Warmth<input type="radio"/> Cold<input type="radio"/> Pressure/massage<input type="radio"/> Activity	<ul style="list-style-type: none"><input type="radio"/> Sleep<input type="radio"/> Dry weather<input type="radio"/> High humidity<input type="radio"/> Inactivity
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Worse for? <ul style="list-style-type: none"><input type="radio"/> Warmth<input type="radio"/> Cold<input type="radio"/> Pressure/massage<input type="radio"/> Activity<input type="radio"/> Inactivity	<ul style="list-style-type: none"><input type="radio"/> Dry weather<input type="radio"/> High humidity<input type="radio"/> Stress<input type="radio"/> Diet choices<input type="radio"/> Exhaustion<input type="radio"/> Sleep
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Unaffected by: <ul style="list-style-type: none"><input type="radio"/> Weather changes<input type="radio"/> Temperature<input type="radio"/> Pressure/massage<input type="radio"/> Activity<input type="radio"/> Inactivity	<ul style="list-style-type: none"><input type="radio"/> The time of day<input type="radio"/> Stress<input type="radio"/> Diet choices<input type="radio"/> Energy levels<input type="radio"/> Sleep
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Frequency: <ul style="list-style-type: none"><input type="radio"/> Constant<input type="radio"/> Most hours of the day<input type="radio"/> Only with aggravating factors	<ul style="list-style-type: none"><input type="radio"/> Every day/night<input type="radio"/> Occasionally<input type="radio"/> Varies a lot
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Improvements: how will you know if it's:
25% better?

50% better?