PERSONAL INFORMATION FOR PRE-ASSESSMENT QUESTIONAIRE			
DATE COMPLETED :		REFERRED BY :	
NAME & SURNAME :		CONTACT NUMBER :	
DATE OF BIRTH :		AGE :	
HEIGHT :		WEIGHT :	

WHAT SIDE IS THE PAIN?	RIGHT		LEFT:	

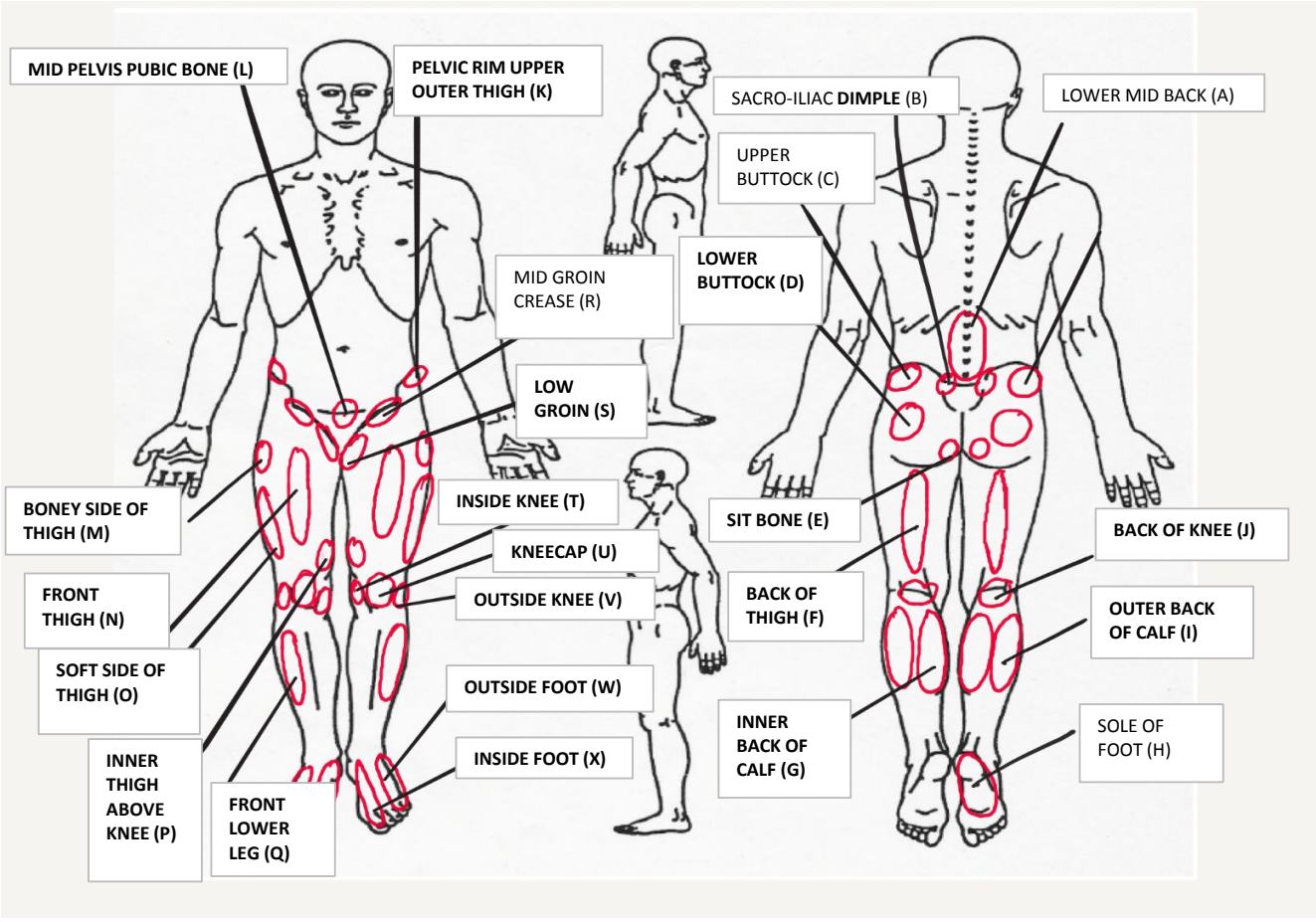
WHERE IS THE PAIN ? (Please tick the relevant boxes based on the pictures below.)

A	B	C	D	E	F	G	H	I
J	K	L	M	N	O	P	Q	R
S	T	U	V	W	X			
OTHER:								

Please mark areas where pain radiates or spreads with a ↑, ↓, or ←, → arrow to indicate the direction of radiating pain. (Include all affected areas)

2. WHAT IS THE GENERAL PAIN CHARACTERISTIC? (Circle the relevant ones.)

A=ACHE	**SS=SHARP STABBING**	**D=DISCOMFORT**	**DA=DURING ACTIVITY**	**AT=MOSTLY AT NIGHT**
N=NUMBNESS	**PN=PINS&NEEDLES**	**SE=SHARP ELECTRIC**	**AA=AFTER ACTIVITY**	**AR=AFTER REST**
C=CONSTANT	**PC=PAINFUL CLICKING**	**SU=STARTUP PAIN**	**V=VARIABLE**	**PS=PAINFUL STIFFNESS**
OTHER:				



3. HOW LONG HAVE YOU HAD THIS PAIN?

4. IS IT GETTING BETTER OVER PAST FEW DAYS OR WEEK?

YES NO

5. DO YOU GET PAIN PUTTING WEIGHT ON THE LEG?

YES NO

6. CAN YOU WALK A NORMAL DISTANCE?

YES NO

7. IS THE PAIN RELIEVED BY LYING DOWN?

YES NO

8. ANY URINARY INCONTINENCE?

YES NO

9. ANY WEAKNESS IN THE LEGS / ARMS?

YES NO

10. IS THE ONSET RELATED TO SPORT?

YES NO

11. IS THE ONSET RELATED TO TO A TRAUMATIC EVENT?

YES NO

12. DOES THE PAIN INTERFERE WITH YOUR SLEEP?

YES NO

13. IS THE JOINT STIFF COMPARED TO OPPOSITE SIDE?

YES NO

14. HOW MANY DAYS IN A WEEK ARE YOU TAKING PAIN KILLERS?

15. ANY RELEVANT MEDICAL PROBLEMS- DIABETES, CARDIAC PROBLEMS, PREVIOUS MALIGNANCIES?

PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES THE QUESTION BEING ASKED

1. WHAT IS YOUR PAIN RIGHT NOW?

NO PAIN _____ **WORST POSSIBLE PAIN**

0 1 2 3 4 5 6 7 8 9 10

2. WHAT IS YOUR TYPICAL OR AVERAGE PAIN?

NO PAIN _____ **WORST POSSIBLE PAIN**

0 1 2 3 4 5 6 7 8 9 10

3. WHAT IS YOUR PAIN LEVEL AT ITS BEST (HOW CLOSE TO "0" DOES YOUR PAIN GET AT ITS BEST)?

NO PAIN _____ **WORST POSSIBLE PAIN**

0 1 2 3 4 5 6 7 8 9 10

4. WHAT IS YOUR PAIN LEVEL AT ITS WORST (HOW CLOSE TO "10" DOES YOUR PAIN GET AT ITS WORST)?

NO PAIN _____ **WORST POSSIBLE PAIN**

0 1 2 3 4 5 6 7 8 9 10

THANK YOU. WE WILL BE IN TOUCH.