

INJURY AND PAIN QUESTIONNAIRE

Name of Client:

Address:

Date: _____

1. Identify the accident or occurrence which led up to your injury and resulting pain. _____

2. Describe when and where you first became aware of the pain associated with the injury. _____

3. Identify in what part or parts of your body the pain first occurred. _____

4. Identify in what part or parts of your body the pain now occurs. _____

5. Describe as best you can how the pain currently feels to you including its severity, and whether it is continuous or intermittent, the length of the pain and whether it ever changes. _____

6. State whether the pain ever interferes with your daily activities. _____

If so, please explain in detail including whether you have had to stop your activities to alleviate the pain, lie down and rest to alleviate the pain, or take time off from work because of the pain.

7. Is there anything which helps lessen the pain including medication, messages, rest, counseling?

8. How long does it take such remedies to work? _____

9. How long do the remedies last before your pain returns? _____

10. Are there any factors which intensify or lessen the pain? _____

If so, please describe in detail.

11. Does the pain lead to any difficulties, i.e. inability to move your arms or legs, nausea, headaches, irritability? _____

If so, please explain.

12. Identify all persons with to whom you have consulted for treatment of your pain and injury including any doctors, i.e. internists, neurologists, orthopedists, chiropractors, psychologists, etc.

13. Have any of your doctors recommended an operation or other treatment to alleviate the pain?

If so, please identify the doctor's name and address, the nature of the recommendation and when it was made.

14. If any of your doctors have recommended an operation or treatment to alleviate the pain, please state whether you have taken the advise of such doctors. _____

If so, please list the dates of operations and/or treatments.

15. Did any of the operations and/or treatments help? _____

If so, which ones and how long do they help.

16. List all medications which you are currently taking including the name of the medication, dosage, who prescribed it and how often you take it. _____

17. Do any of these medications help to alleviate your pain? _____

If so, please state which ones and for how long each works.

18. Have you ever had any nerve blocks for pain? _____

If so, give the dates.

19. Did any of these injections alleviate your pain? _____

20. Who prescribed the nerve blocks? _____

21. Have you ever used a "tens" unit for the pain? _____

If so, who prescribed it to you and did it provide relief?

22. What have you told your doctor about the pain? _____

23. Has your doctor ever told you that you are imagining your pain? _____

If so, how did you feel when you were told and what did you say in response.

24. Has any doctor told you the cause of your pain? _____

If so, what did he/she say?

25. Prior to your injury did you ever experience any severe pain over a period of time? _____

If so, please give the circumstances and the date.

26. Are you satisfied with your doctors and your treatments plan? _____

If so, do you think your treatment plan is working and if not, what changes would you like to make?

27. Have you ever sought psychological treatment for your pain? _____

If so, state when and from whom.

28. Have you ever had any psychological treatment for any other condition or problem? _____

If "yes," state when and from whom.

29. Has the pain interfered with your working life? _____

If so, describe in detail the limitations imposed by the pain.

30. Has the pain interfered with your social life? _____

If so, please describe in detail any activities or hobbies which have been limited because of your pain.

31. Were you an active and energetic person before your injury and the resulting pain? _____

32. Are there any activities or hobbies you still enjoy? _____

Please describe them and to what extent you can still participate in them.

33. Do you have any desire to participate in social or recreational activities? _____

Why or why not?

34. Has your pain and the injury affected your sexual activity? _____

If so, please explain.

35. Were you receiving any counseling for your pain? _____

If so, please identify from whom and the nature of the counseling.

36. Do you consider yourself to be an irritable and impatient person? _____

37. How often do you get angry? _____

Do you feel that your anger or irritability is associated with your pain?

38. Is your pain causing you to have emotional difficulties? _____

If so, please explain.

39. How do your working colleagues relate to the pain? _____

40. How does your spouse react to the pain? _____

41. How do your children react to the pain? _____

42. How do your friends react to the pain? _____

43. What was your general outlook on life before the injury and the pain? _____

44. What is your general outlook on life now. _____

45. Do you feel that you have a positive outlook with respect to your injury and pain? _____

If not, do you feel your situation is hopeless?

46. What do you believe you can do or can be done to achieve a positive outlook? _____

47. What do you think is the cause of your pain? _____

48. What do you think can be done to alleviate your pain? _____

49. With respect to your pain and injury, what do you expect from your attorney in this case? ___
