



### How does this pain affect my body?

Describe other symptoms you experience as result of pain.

Please check words below AND/OR add your own words.

Challenged	Nauseated
Disabled	Shaking
Drained	Stiff
Exhausted	Tired
Lifeless	Weak

### How does this pain make me feel?

Describe your overall well-being.

Please check words below AND/OR add your own words.

Angry	Sad
Can't Think	Scared
Helpless	Social Isolation
Hopeless	Stressed
Irritable	Worried
Moody	

**How is my life impacted? My relationships, work, activities – describe what is affected and how:** E.g.: Sleep, chores, hobbies, parenting, cooking, et cetera

### How am I trying to manage my pain?

E.g.: Medications, Substances, Activities/Excercises

### I am aware of some things that bring on my pain or makes it worse:

E.g.: Weather, Stress, Fatigue, Bending over, Reaching up