UCI HEALTHSYSTEM AMBULATORY SELF-REPORTING PAIN TOOL

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0 1 2 3 4 5 6 7 8 9 1 No Pain Mild Moderate Severe Wors Possib Pain PAIN SCALE PAIN SCALE RIGHT LEFT LEFT RIGHT A does the pain feel like? 0 1 2 0 S. What does the pain feel like? 0 Pressure Burning Dull 0 Aching Sharp Padating 1 Throbbing Shooting Siteep Eat Siteep 5. When is the pain worse? (check all that apply) 6. What other problems are you having? 1 In the morning With activity 0. During the night 1 carn't predict when it will get worse 6. What other problems are you having? 1 In the morning With activity During the night Nausea or vomiting 1 Constipation Fatigue/Tire easily Other	Name:		<u></u>		<u></u>		·		Date:_		<u>-</u>
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□ In the morning □ With activity □ Constipation □ Fatigue/Tire easily □ During the night □ Dry Mouth □ Nausea or vomiting □ I can't predict when it will get worse □ Other □ Before my next dose of medicine □ Other	 Press Aching Throb 	ure g bing	☐ Burning☐ Sharp☐ Shootin	9] Walk] Sleep] Sit		njoy life at e active	-	i i i i i i i i i i i i i i i i i i i
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7. How is your pain controlled best?	🗌 During 🗍 I can't	the nig predict	ght t when it wil	l get wo	rse		Dry Mout	th	🗌 Nau	sea or vo	omiting
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