

# Symptom Analysis



## Precipitating

What brings on your pain or makes it worse?



## Palliating

What relieves your pain (non-drug interventions) such as heat, cold, rest, movement, etc.



## Previous Treatment

What medications have you tried to relieve your pain, how well did they work and did you have any side effects?



## Quality

What words would you use to describe your pain?

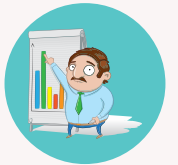
## Region/Radiation

Where is your pain (show me) and does it move anywhere?



## Severity

Rate your pain on a 0-10 scale: best, worst, average, now, at rest, with movement.



## Temporal

Is the pain persistent or intermittent? If intermittent, how many episodes per day? Duration? Pattern?



## You (Associated Symptoms)

What does the pain keep you from doing?

