

# Putting your pain into words...

## A guide to describing pain and how it affects your life

Pain is hard to describe. There are different types of pain, and how people tolerate pain varies widely. This is why healthcare professionals need extra help understanding your pain – how it feels, where it is, and how strong it feels. Describing pain in detail will help healthcare professionals to:

- Assess pain more accurately; and
- Make an effective plan for treating pain.

**Fill out the following checklist and share your response with your healthcare provider. This will help them better understand your pain, and make appropriate treatment decisions.** This information was developed as a joint initiative between Janssen-Ortho Inc. and McNeil Consumer Healthcare and is endorsed by the Canadian Pharmacists Association. Editors include Dr. Carter Thorne, Dr. Algis Jovaisas and Dr. André Bélanger.

### Understanding pain

Healthcare professionals cannot see or feel your pain, so help them understand how you feel. Use the words below to make this easier. Please check (✓) the words that best describe your pain.

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> sharp            | <input type="checkbox"/> shooting     | <input type="checkbox"/> pins and needles      |
| <input type="checkbox"/> intense          | <input type="checkbox"/> dull         | <input type="checkbox"/> pinching              |
| <input type="checkbox"/> burning          | <input type="checkbox"/> deep         | <input type="checkbox"/> numb                  |
| <input type="checkbox"/> gnawing          | <input type="checkbox"/> superficial  | <input type="checkbox"/> nauseating            |
| <input type="checkbox"/> cramping         | <input type="checkbox"/> throbbing    | <input type="checkbox"/> cutting               |
| <input type="checkbox"/> nagging          | <input type="checkbox"/> radiating    | <input type="checkbox"/> stabbing              |
| <input type="checkbox"/> soreness overall | <input type="checkbox"/> aching       | <input type="checkbox"/> penetrating           |
| <input type="checkbox"/> stinging         | <input type="checkbox"/> excruciating | <input type="checkbox"/> exhausting            |
|   |                                       | <input type="checkbox"/> Other (specify) _____ |

Please list the three words from the list above that **best describe your pain**:

1.

2.

3.

Put a mark on the line at the point that best describes **HOW MUCH PAIN YOU ARE HAVING RIGHT NOW**.

No pain

Very severe pain



## Open up: Talking about pain

You can manage your pain, so don't be afraid to talk to a healthcare professional about it. Admitting you have pain that is bothering you does not mean you are a weak person or a complainer.

### 1. Where is your pain located?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Head <ul style="list-style-type: none"> <li>• Front</li> <li>• Top</li> <li>• Back</li> <li>• Left-side</li> <li>• Right-side</li> <li>• Middle</li> </ul> | <input type="checkbox"/> Arms <ul style="list-style-type: none"> <li>• Lower</li> <li>• Upper</li> </ul> | <input type="checkbox"/> Legs <ul style="list-style-type: none"> <li>• Lower</li> <li>• Upper</li> </ul> |
| <input type="checkbox"/> Neck   | Upper<br>Hands/Fingers   | <input type="checkbox"/> Knees   |
| <input type="checkbox"/> Shoulders  | <input type="checkbox"/> Back <ul style="list-style-type: none"> <li>• Lower</li> <li>• Upper</li> </ul> | <input type="checkbox"/> Feet/Toes   |
|   | <input type="checkbox"/> Buttocks  | <input type="checkbox"/> The pain is not specific to one area of the body; I feel it all over.           |
|   |  | <input type="checkbox"/> The pain moves from one area to another.  |
|   |  | <input type="checkbox"/> Other (specify) _____   |

### 2. When does the pain occur? Check (✓) all that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> The pain never goes away | <input type="checkbox"/> The pain flares up suddenly | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> The pain comes and goes  | <input type="checkbox"/> The pain appears gradually  |  |

### 3. How long does it last?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Less than a minute      | <input type="checkbox"/> Several hours | <input type="checkbox"/> Several months |
| <input type="checkbox"/> 5-10 minutes            | <input type="checkbox"/> Several days  |   |
| <input type="checkbox"/> Half an hour to an hour | <input type="checkbox"/> Several weeks |   |

### 4. What time of day does your pain usually occur? Check (✓) all that apply:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Early morning (midnight -5am) | <input type="checkbox"/> Early afternoon (noon-3pm) | <input type="checkbox"/> Night (9pm-midnight) |
| <input type="checkbox"/> Morning (5am-9am)             | <input type="checkbox"/> Late afternoon (3pm-6pm)   | <input type="checkbox"/> All day and night    |
| <input type="checkbox"/> Late morning (9am-noon)       | <input type="checkbox"/> Evening (6pm-9pm)          |   |

### 5. Does anything specific trigger your pain (or make it worse)?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> The weather       | <input type="checkbox"/> Not enough exercise  | <input type="checkbox"/> Eating certain foods                       |
| <input type="checkbox"/> Temperature       | <input type="checkbox"/> Making your body work hard (such as lifting, carrying, pushing or pulling) | <input type="checkbox"/> Fatigue                                    |
| <input type="checkbox"/> Moving            | <input type="checkbox"/> Staying in one position too long   | <input type="checkbox"/> Other (specify) _____                      |
| <input type="checkbox"/> Walking           | <input type="checkbox"/> A repetitive motion  | <input type="checkbox"/> I cannot say that one thing causes my pain |
| <input type="checkbox"/> Too much exercise |   |   |



## 6. How does your pain affect your activity?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> I am unable to go for walks        | <input type="checkbox"/> I am unable to do my job/work          | <input type="checkbox"/> I am unable to have sexual relations |
| <input type="checkbox"/> I need help carrying heavy parcels | <input type="checkbox"/> I am unable to care for myself         | <input type="checkbox"/> My pain does not affect activities   |
| <input type="checkbox"/> I am unable to do household tasks  | <input type="checkbox"/> I need help with day-to-day activities | <input type="checkbox"/> Other (specify) _____                |
|   | <input type="checkbox"/> I am unable to socialize with friends  |   |

## 7. Did you stop any activities because of your pain? Are you doing any activities differently?

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## 8. Does your pain affect your sleep?

- Yes                       No                       Sometimes

## 9. Does your pain interfere with working or your involvement in community activities?

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, I have to take more sick days or cancel community activities due to the pain.<br>If yes, how often?<br><input type="checkbox"/> 1 day a month<br><input type="checkbox"/> 2 days a month<br><input type="checkbox"/> 3 days a month<br><input type="checkbox"/> 4 days a month<br><input type="checkbox"/> More than 4 days a month | <input type="checkbox"/> No, it does not interfere with working or my involvement in community activities.<br><input type="checkbox"/> Other (specify) _____ |
|---|--|

**If you are feeling pain, you should visit a primary care physician so they can develop an appropriate pain management plan.**

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