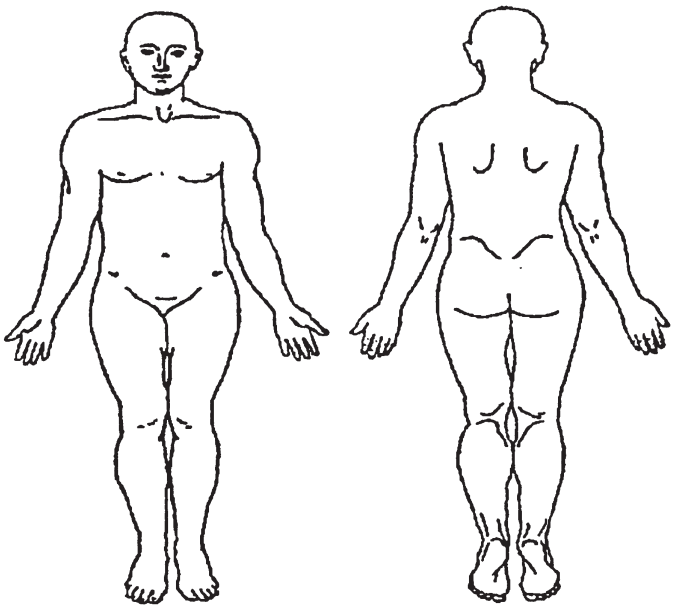
Ingalls
Memorial Hospital
One Ingalls Drive, Harvey, Illinois 60426 (708) 333-2300

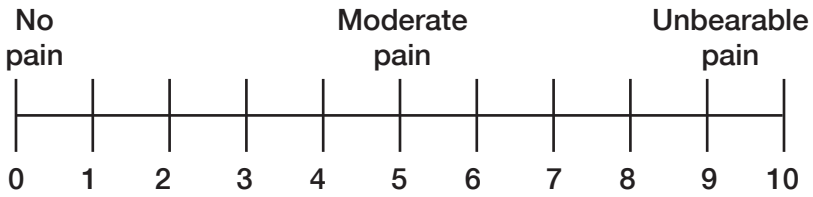
Patient Medical/Surgical History
Pain Questionnaire
Department of Therapy Services
(Physical, Speech and Occupational Therapy)

1. Please mark on the drawing below the areas which you feel pain for this condition.



P T 0 3 7 7

2. How intense is your pain? Please circle a number on the scale.



3. Please describe your pain. Check any words that apply.

☐ Sharp ☐ Dull ☐ Burning ☐ Throbbing
☐ Ache ☐ Nagging ☐ Constant ☐ Intermittent
☐ Shooting ☐ Other:_____

Patient Signature:_____ Date:_____