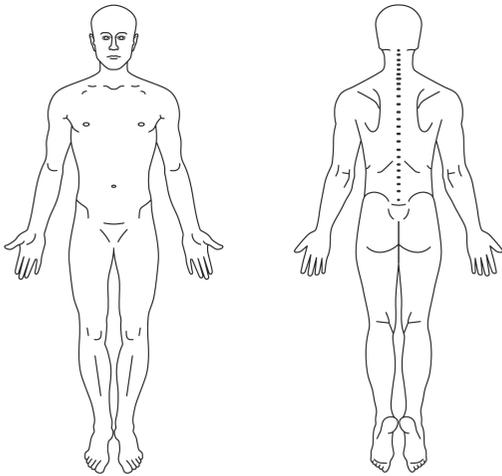


What to expect from the sessions?

[Empty box for patient expectations]



Where does it hurt following the treatment?



How intense is it? (please indicate)

pas de douleur [Progress bar] Pire douleur imaginable

Have your goals been achieved?

[Empty box for goal achievement]

FOR OFFICE USE ONLY

Diagnostic: _____

Doctor: _____

Number of sessions: _____

What is the following treatment?

- New sessions return visit to the doctor
- Further exams new therapist

other: _____

Dates and exam results:

- Rx MRI Scan Ultrasound
- None

[Empty box for dates and exam results]

Medicine:

[Empty box for medicine]



Questionnaire created as part of the HEVS CAS for pain (2016-2017) based on the following questionnaires: St-Antoine (QDSA), Mc Gill, DN4, Edmonton (ESAS), Cancer league, Doloplus 2 and on these sites: HUG pain network, The Pain Clinic in Lausanne, Swiss Association for the Study of Pain, International Association for the Study of Pain, The Quebec Association of Chronic Pain, société française d'étude et de traitements de la douleur

TALK TO US ABOUT YOUR PAIN



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1209 GENÈVE
TEL: +41 22 300 66 66

secretariat@therapiedelatourelle.ch
www.therapiedelatourelle.ch

Surname: _____

First name: _____

Date of birth: _____ **Age:** _____

Profession: _____

employee independent unemployed

Sick leave? no yes **Since:** _____

I've had pain since _____

Is it the first time? yes no **How many?** _____

How did the pain start?

suddenly progressively spontaneously

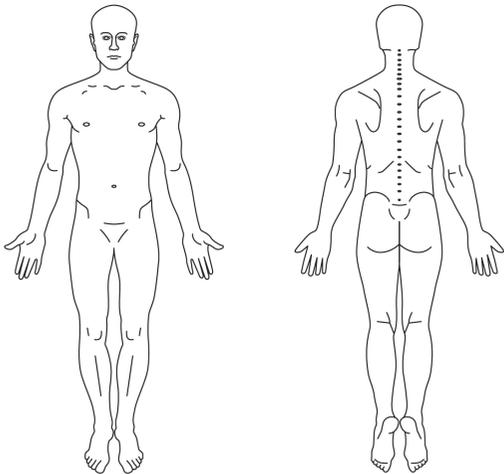
What is the origin of the pain?

an accident an illness an operation

a fall work related unknown

other: _____

Where does it hurt ? (show the painful areas and irradiations)



Describe the pain?

throbbing piercing tight
 tingling worrying annoying
 hematoma stiffness pulsations
 tear stretching dull
 sting or bite electric shock pinching
 sharp stab wound burning

other: _____

How is the pain?

superficial profound
 chronic sharp

How intense is it? (please indicate)

pas de douleur _____ **Pire douleur imaginable**

What contexts influence its intensity?

Pain-increasing situations?

position movement stress
 heat cold rest
 work activity / sport fatigue

other: _____

Pain-reducing situations?

position movement relaxation
 heat cold rest
 work activity / sport medicine

other: _____

When does the pain occur?

upon waking in the morning at midday
 in the afternoon in the evening at night
 anytime

How long does the pain last?

momentarily several minutes
 several hours constantly

Is there a position that doesn't hurt? (analgesic)

no position occasional
 permanent and effective permanent and ineffective

Which one?

standing sitting lying other

description:

What previous therapies have you had?

physiotherapy osteopathy acupuncture
 massage pain group chiropractor
 hypnoses meditation none

other: _____

What is your marital status?

single married separation
 divorced widowed concubinage

other: _____

Does your pain have repercussions on?

my appetite my hobbies my mobility
 my sleep my morale my work
 my physical shape my close Relationships my family life
 my relationship

other: _____

Sleep quality?

normal frequent waking up
 woken up by pain morning fatigue
 insomnia difficulties waking up
 difficulty sleeping

other: _____

Number of hours sleep: _____ h (average)

How is your digestion?

normal nausea lack of appetite
 constipation bloating diarrhoea
 reflux pain

other: _____

What is your current state?

anxious nervous annoyed
 terrified worried stressed
 depressed sad angry
 relaxed calm

other: _____

How do you feel? (please indicate)

Très bien _____ **Très mal**

What aren't you satisfied with from a professional point of view?

my colleagues my hierarchy my management
 career path my work habits my salary

other: _____