



PAIN

Self Assessment

These questions are designed for you to reflect and identify possible concerns related to pain. Answering these questions can help prompt conversations with your primary care provider or other health services about problems that may be concerning you. You can take this checklist with you to your next appointment as a reminder of what you would like to discuss.

Tick all that apply:

I experience pain on a daily basis

I take medication to manage my pain on a daily basis

Pain impacts my ability to participate in activities I usually enjoy

Pain impacts my ability to perform tasks for daily living e.g. showering, cooking

The pain I experience is negatively affecting my mood

I would like more support from my primary care provider for managing my pain

