

Health Needs Assessment for Persistent Pain

Changing how pain affects your life

Pain can affect peoples' lives in many ways. This checklist shows some of the problems due to longstanding pain. Please help us understand **the main problems** that you feel are important to improve your quality of life and self manage with more confidence.

Please follow all three steps. Tick the boxes that apply to you.

STEP 1

Do you have any problems or difficulties with:

- 1 Walking or moving about, lack of fitness and stamina
- 2 Balance or recurrent falls
- 3 Side effects or problems with current pain medication e.g. tablets etc.
- 4 Pain relief
- 5 Understanding why persistent pain occurs
- 6 An unhelpful cycle of activity of less pain, so do too much, so more pain, so rest more often or for longer
- 7 Eating the right sort of foods, weight changes
- 8 Disturbed sleep, tiredness or lack of energy
- 9 Managing mood changes of depression, anger, anxiety or worry
- 10 Relationship difficulties: with partner, family etc, or sex life concerns
- 11 Remaining in work or returning to work and/or training
- 12 Financial or money difficulties
- 13 Other difficulties (for example, concerns about housing, leisure or social events, drinking, gambling or drug use). Please describe here:

STEP 2

If you ticked more than three boxes, please circle the three that are most important to change at present.

Now turn over to complete STEP 3

STEP 3**Tell us a bit more about your pain****Your current level of pain**

Circle one of the numbers on the scale to rate your pain level at present.

0 = 'No pain' 10 = 'Worst/extreme pain'

0	1	2	3	4	5	6	7	8	9	10
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Managing your pain

Please rate **how confident you are** that you can do the following things at present, despite the pain. Circle one of the numbers on each of the scales.

0 = 'Not at all confident' 6 = 'Completely confident'

"I can live a normal lifestyle, despite the pain"

0	1	2	3	4	5	6
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"I can do some form of work, despite the pain"

0	1	2	3	4	5	6
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(work includes housework, paid and unpaid work)

Have you completed all three steps?

Thank you for helping us to understand your needs and issues due to pain.

Please bring this with you to your **pain management and medicines review**. We will look at it together to help explore your concerns, issues and problems linked to your pain.

Your name

Your date of birth

Date filled in



Clifton Court Medical Practice



www.my.livewellwithpain.co.uk