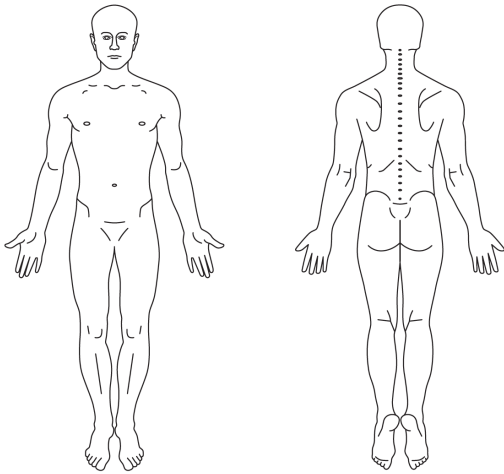


**What to expect from the sessions?**

[Empty rounded rectangular box for notes]



**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 rounded rectangular box for notes]

**FOR OFFICE USE ONLY**

Diagnostic: \_\_\_\_\_

Doctor: \_\_\_\_\_

Number of sessions: \_\_\_\_\_

**What is the following treatment?**

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

other: \_\_\_\_\_

**Dates and exam results:**

- Rx
- MRI
- Scan
- None
- Ultrasound

[Empty rounded rectangular box for notes]

**Medicine:**

[Empty rounded rectangular box for notes]



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



- 2-4 chemin de la Tourelle - 1209 Genève - Suisse
- +41 (0)22 300 66 66
- secretariat@therapiedelatourelle.ch
- therapiedelatourelle.com

**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

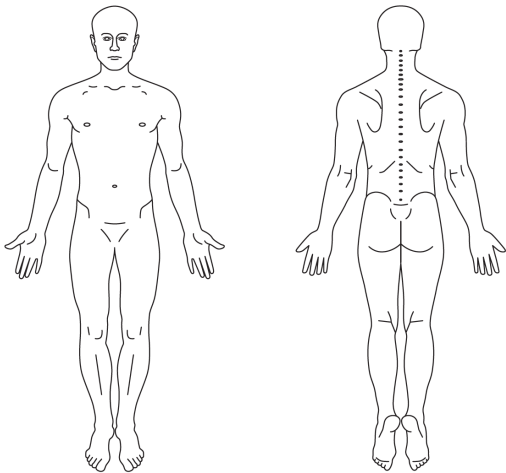
**What is the origin of the pain?**

- 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: \_\_\_\_\_