Appointment One-Pager

Fill it in the night before; bring it with your diary. In the room, read the top box first.

Visit date _____ Clinician _____

Period covered _____ Name (optional) _____

SAY THIS FIRST

— thirty seconds, in your own words. Read it out if you have to.

how long · what kind · where · moderate-or-worse days this month (up or down?) · worst stretch and what it stopped · what's changed

THE EIGHT THINGS

— the dimensions every pain assessment covers; answer them ahead of time

1 · Where — and does it spread?
One spot or an area · where it travels

2 · Since when
A date, an event, or your best guess

3 · The pattern
Constant or comes and goes · how often · how long · time of day

4 · What it feels like
Circle one or two — or write your own

aching · dull · cramping · sharp · shooting · stabbing · throbbing · burning · tingling · tender · tight · heavy

5 · How bad — in counts, not a number
If asked for 0–10, anchor it: "a 7 — I couldn't sit through dinner"

none · bearable · mild · moderate ≈ 5–6 · severe ≈ 7+

Diary month-in-counts: _____ of _____ days moderate-or-worse

6 · What it stops me doing
Driving, sitting through a meal, work, sleep, what got canceled

7 · Better / worse
Activity, position, time, food, weather, rest, heat, meds — suspects, not verdicts

8 · What's changed since last visit
Better, worse, different, moved, new

EVERYTHING I TAKE

— prescriptions, over-the-counter, supplements, the thing a neighbor recommended

MEDICATION / SUPPLEMENT	DOSE	HOW OFTEN	DOES IT HELP?

MY TWO QUESTIONS

— in order; visits end. Ask these before anything else.

1. _____

2. _____