

# PATIENT WOUND PAIN QUESTIONNAIRE

## TO BE COMPLETED BY THE PATIENT

Full name

Date of birth

## SECTION A: BACKGROUND/INCIDENT PAIN

### 1. Is your wound ever painful? (Please tick)

At rest

On movement

At wound dressing changes

If pain at wound dressing changes **only** go to Section B

### 2. Where is the pain? (Please tick)

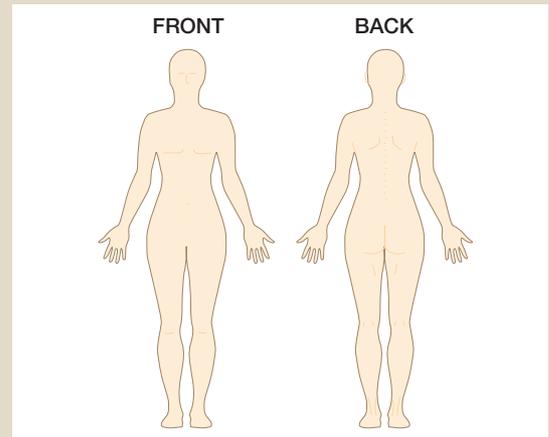
Does it come directly from the wound?

Yes  No

Do you feel it in the surrounding area?

Yes  No

Show on the body map where your pain is located



### 3. How would you rate your pain?

(Please circle number on the scale that best indicates your current level of pain)

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

0=no pain and 10=worst possible pain

### 4. How would you describe the pain?

Is the pain aching or throbbing, or sharp, dull (like toothache), burning or tingling?

### 5. What makes the pain worse?

Touch/pressure  Movement (ie coughing)  Changing positions

Dressing changes  Night-time  Other

Give details

### 6. What reduces/helps the pain?

Pain-relieving medicine  Bathing  Putting your legs up  Other

Give details

# PATIENT WOUND PAIN QUESTIONNAIRE

## SECTION B: PAIN AT WOUND DRESSING CHANGES

7. Do you ever experience pain when your dressing is changed? (Please tick)

Yes  No

8. Where is the pain? (Please tick)

Does it come directly from the wound? Yes  No

Do you feel it in the surrounding area? Yes  No

9. How would you rate your pain before, during and after your wound dressing change? (Please circle a number on each scale that best indicates your current level of pain)

0=no pain and 10=worst possible pain

Before

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

During

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

After

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

10. How long did it take for the pain to go away after the wound dressing was changed?

11. What makes the pain worse? (Please tick)

Removing dressing  Applying dressing  Dressing type

Cleansing  Touch  Other

Give details:

12. What reduces/helps the pain? (Please tick)

Removing dressing myself  Time-outs or brief rests  Dressing type

Warm cleansing solutions  Pain-relieving medicines  Other

Give details:

Signature of patient

Signature of practitioner:

Date: