

## FORM 10.2 Pain Questionnaire

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1. Do you have any current pain? \_\_\_\_\_
2. What are the symptoms? \_\_\_\_\_
3. How long have you had these symptoms? \_\_\_\_\_
4. Have you had any related conditions in the past, and what treatment was provided? \_\_\_\_\_
5. In what joint or area do you feel the pain? \_\_\_\_\_
6. In what positions do you feel the pain? \_\_\_\_\_
7. During what movement do you feel the pain? \_\_\_\_\_
8. Do you feel the pain more or less before activity? \_\_\_\_\_
9. Do you feel the pain more or less after activity? \_\_\_\_\_
10. How long does the pain last? \_\_\_\_\_
11. Do you get tired (muscularly) more easily than you used to? \_\_\_\_\_
12. Have you experienced a loss of strength? \_\_\_\_\_
13. Are you compensating in your movements to avoid pain or loss of strength? \_\_\_\_\_
14. Do you feel tight anywhere? \_\_\_\_\_
15. Have you changed your prescription? \_\_\_\_\_
16. Have you recently increased your exercise volume or intensity? \_\_\_\_\_
17. Have you changed your location of exercise, type of equipment, or other conditions? \_\_\_\_\_
18. Have you recently changed shoes or are your shoes worn? \_\_\_\_\_
19. Is the injury or pain getting worse? \_\_\_\_\_
20. What do you think is causing this problem? \_\_\_\_\_
21. How could it be alleviated? \_\_\_\_\_