DR. GOLD'S
OPTIMAL LIVING INSTITUTE
Board Certified in Family & Holistic Medicine

2901 W Busch Blvd, Suite 604
Tampa, FL 33618
Telephone: 813-379-7092 | Fax: 888-479-3526
dgoli.com | dgold@dgoli.com

Pain Scale

Name: Date: DOB:

1. I suffer with pain:

☐ Daily ☐ Weekly ☐ Monthly ☐ Few times a year or less often

2. The pain disrupts my ability to perform / interferes with the following activities:

☐ Sleep ☐ Work ☐ Daily living ☐ Does not impact my ability to perform these

3. Please Rate your pain on the following scale (tick box by the appropriate number):

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10
No Pain									Worst pain

4. When I have pain (check all that apply):

☐ I have to stop what I'm doing

☐ I have to lay down to rest

☐ I do something else (please describe): _____

5. For my pain I take the following (please check all that apply):

☐ Narcotics ☐ Anti-inflammatories ☐ Cannabis or CBD ☐ Tylenol / Acetaminophin

6. For my pain I apply topical creams / lotions: ☐ Yes / ☐ No

7. I would describe my pain in the following manner:

☐ Achy ☐ Electrifying ☐ Pulsing Sharp ☐ Shooting

Other (please describe): _____